

2012 Albany Visitors Association
Photo Contest Video Entry Form

Please Print

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **E-MAIL:** _____

DATE ENTERED: _____

1. Video Title _____

2. Video Title _____

3. Video Title _____

4. Video Title _____

5. Video Title _____

6. Video Title _____

FOR STAFF USE ONLY

Staff check list:

Label on entries Staff initials _____

Information complete Staff initials _____

Checked contact information with database Staff initials _____

Added/corrected database contact information Staff initials _____