

**2017 Albany Visitors Association**  
**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 \_\_\_\_\_

7. Video Title \_\_\_\_\_

8. Video Title \_\_\_\_\_

(Video Title ie: Art & Air Festival Bob Brown 82012)

**FOR STAFF USE ONLY**

Staff check list:

- |   |                      |
|---|----------------------|
| <input type="checkbox"/> Label on entries _ _ _ _ _                   | Staff initials _____ |
| <input type="checkbox"/> Information complete _ _ _ _ _               | Staff initials _____ |
| <input type="checkbox"/> Checked contact information with database _  | Staff initials _____ |
| <input type="checkbox"/> Added/corrected database contact information | Staff initials _____ |