

2018 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 _____ |