

stop the swerve

PSA & Billboard Challenge

Presented by the Office of
District Attorney Anthony D. Gulluni

ENTRY FORM

School Information

School name _____

Address _____

City _____ State _____ Zip _____

School representative _____

Contact Number _____

Email _____

*School representative signature _____

Date _____

*Signature of school representative required with submission of school PSA attesting and consenting to the official rules and disclosures of the PSA Challenge

PSA Information

Title: _____

**Participants:

DA Release

WWLP Release

** Please fill out the name of each student that participated in the PSA. Check the box indicating that there is a signed DA release and WWLP release for every student.