2010 HOMETOWN VIDEO AWARDS ENTRY FORM

Please fill out completely, type or print legibly or use the on-line option at www.alliancecm.org

If you don't use the on-line entry service, please send 1 copy of this form.

Category # _____ **Category Name:** _____

Program Title: _____

Producer Name(s): _____

(Please list names as they should appear on your award - maximum 60 characters)

Producer Division: (Check ONE only.) ☐ **Youth** (age 18 and younger) ☐ **Non-professional** ☐ **Professional**

Categories 1 – 40: Please answer these questions.

1. Describe why this program was important to the community that viewed it? (75 words max)

2. What was the purpose of this program; what did you as the producer wish to accomplish? (75 words max)

Categories 41 – 44:

Overall Excellence Budget Divisions: ☐ less than $300,000 ☐ $300,001-$650,000 ☐ $650,001 or more

Complete Overall Excellence Supplemental Form and submit with entry.

CONTACT INFORMATION - ALL correspondence will be sent to this person and address.

Name: _____

Organization: _____

Address: _____

City / State/ Zip or Postal Code: _____

Country: _____

Phone (day): _____ **Fax:** _____

E-mail: _____

Entry Fee: ☐ $40 ACM Individual Member ☐ $40 ACM Organizational Member ☐ $70 Non-member

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☐ **RETURN JUDGING FORMS:** The Hometown management will make every effort to return judging scores and comments to those who specifically request them. However, due to a variety of circumstances beyond our control, the Hometown management cannot guarantee the return of all forms.

To assist in promoting the Hometown Video Awards, the Alliance for Community Media and community media in general, I agree to give the Alliance for Community Media the right to distribute my program on a non-exclusive basis for two years. I have obtained all required approvals, clearances, licenses, etc., for the use of the program material contained in this entry, and will provide such clearances on request by the Alliance. I assume full responsibility for the content of all program material in this entry and verify that all information provided is accurate. I also agree to have the above information printed in Alliance listings, directories, and catalogs. My signature demonstrates that I have the authority to submit this entry on behalf of the individual/organization noted above. I understand the videotape I am submitting will not be returned.

Signature: _____ **Date:** _____