

# **HUDSON COUNTY SHOUT DOWN DRUGS** **PARTICIPANT INFORMATION APPLICATION**

- All entries ***MUST*** include the following items **FULLY COMPLETED**
1. Copyright License and Release for each participant
  2. Typed lyrics including song title
  3. Labeled CD with recorded music with lyrics and without lyrics (instrumental).

*I understand the Hudson County Shout Down Drugs music competition is a countywide music and drug prevention initiative sponsored by the Partnership for a Drug-Free New Jersey and United Way of Hudson County. I have read, fully understand and agree to the Contest Rules. The music and lyrics submitted are completely original and are written by myself or members of my group with no copyright violations. I agree to participate in the countywide concert held at the Newport Centre Mall in Jersey City, New Jersey (date TBD). I also agree that if I am chosen as the 1<sup>st</sup> place winner, I will work with PDFNJ and United Way of Hudson County to meet the terms of the prize that I am awarded.*

*By checking this box, I am granting the Partnership for a Drug-Free New Jersey (PDFNJ) permission to also submit my entry in the New Jersey Shout Down Drugs music competition, in which contest finalists will be chosen by a panel of judges to perform at the May 5, 2011, Prevention Concert at the NJ Performing Arts Center, in Newark. PDFNJ will contact me with further details. (Statewide contest information is also available on [www.shoutdowndrugs.com](http://www.shoutdowndrugs.com)).*

Hudson County High School Name: \_\_\_\_\_

High School Mailing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Participant or Group Name: \_\_\_\_\_ Song Title: \_\_\_\_\_

**Individual Participant must *print and sign* their name and grade below:**

Print Individual Participant Name	Signature	Grade
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