

Partnership for a Drug-Free New Jersey
2020 New Jersey Shout Down Drugs!®

ENTRY FORM

Page 1 of 3

ENTRY CHECK LIST:

All entries **MUST** include the following items *(please follow this checklist):*

I. TWO FULLY COMPLETED FORMS: (mailed/postmarked by January 10 Deadline)

___ 1) Page 2 of this Entry Form (NJSDD20-1)

Groups: EACH group member must complete their own Entry Form.

___ 2) Copyright License, Assignment & Talent Release Agreement (NJSDD20-2)

Groups: submit one Agreement only, but it must be signed by EACH group member or their parent /legal guardian, if they are under 18.

Groups must mail all their forms together.

II. MUSIC: (uploaded by January 10 at www.ShoutDownDrugs.com/register)*

*If you cannot meet this requirement, contact the program coordinator, noted at end of P.3, for assistance.

No videos will be accepted; please submit recordings only.

Two music files are required: (must be in MP3 format or files will not upload)

___ 3) Recorded song with all vocals

___ 4) Recorded instrumental/soundtrack. If chosen as a Finalist, if you plan to perform live to a soundtrack rather than live instruments, please include any background vocals on this track.

___ 5) Typed lyrics, with song title, must be cut and pasted in the online registration form.

___ 6) My/our song is no more than 3 minutes in length, in accordance with the Contest Rules. *Your music files will be rejected if they are longer than 3 minutes.*

****IF YOUR SONG IS COPYRIGHT-PROTECTED:** Please carefully read Paragraph 5 of the Copyright License, Assignment & Talent Release before submitting your entry.

III. YOUR PHOTO: (upload with music and lyrics at www.ShoutDownDrugs.com/register)

Be as creative as you like, but no copyrighted images allowed. PDFNJ reserves the right to reject any images it deems offensive or inappropriate. **GROUPS: one group photo only.**

___ 7) Photo has been uploaded with my/our music files.

**ALL PARTICIPANTS: COMPLETE and SIGN FORM ON PAGE 2, READ PAGE 3,
AND FOLLOW MAILING INSTRUCTIONS.**

2020 New Jersey Shout Down Drugs!®

ENTRY FORM - Page 2 of 3

→ PLEASE TYPE OR PRINT NEATLY!!!! Complete all lines! ←

Contestant Name: _____ Grade: _____

Home Address: _____

City _____ State _____ Zip Code _____ Phone#: _____

County (not country!) you reside in: _____ Email Address (print clearly!) _____

T-Shirt Size (S, M, L, XL, 2X): _____ Song Title _____

Your School Name: _____

School Address: _____
Address City St Zip

If Applicable: Group Name _____ No. in Group _____

Group Leader's Name (Groups must designate a leader): _____

Please write brief profile of you or your group (*Groups: only group leader completes):

May include: Instruments Played * Inspiration from * Hobbies * Future Goals

This information will be used for the Website's Online Voting Page, and your Intro at the Concert.

SIGNATURE OF CONTESTANT: I understand that *New Jersey Shout Down Drugs®* is a statewide substance use prevention initiative of the Partnership for a Drug-Free New Jersey (PDFNJ). I have read, fully understand and agree to the *2020 Contest Rules* and the *Shout Down Drugs Rules of Conduct*, outlined on page 3 of this form. The music and lyrics I have submitted are completely original and are written by myself (or a member of my group) with no copyright infringement violations. If chosen as a finalist, I agree to participate in the Statewide Prevention Concert and Rehearsal on **Friday, April 3, 2020**, at Two River Theater, Red Bank, NJ (**Rehearsal, 3:30 PM; Concert, 7:30 PM**). I understand that I am responsible for my own transportation to and from this event and will be accompanied by a chaperone. I also agree that if I am chosen as a winner, I will work with PDFNJ to meet the terms of the prize I am awarded, as listed in the *Contest Rules* and the *Copyright License, Assignment & Talent Release Agreement*. I am a resident of New Jersey and a high school student, Grade 9 through 12, in good standing with my school.

Date of Birth*: _____ *If over the age of 18, must submit proof of age: copy of drivers license or birth certificate.

Signature of Contestant: _____ Date: _____

*** IF PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT/GUARDIAN MUST ALSO SIGN BELOW ***

Signature of Parent or Legal Guardian: _____ Date: _____

Print Name: _____

New Jersey Shout Down Drugs® Contestant Rules of Conduct

It is the Partnership for a Drug-Free New Jersey's mission to effectively promote positive anti-drug messages through its initiative, *New Jersey Shout Down Drugs®*, to encourage teens to remain drug and alcohol free; and for its contest participants to be advocates for the prevention message.

Accordingly, we ask any contestant who wishes to participate in *New Jersey Shout Down Drugs®*, who may have internet postings, social media or website pages, including but not limited to, Facebook, Twitter, Instagram, YouTube, Snapchat, etc., that contain a message that could be construed as promoting or suggesting the use of drugs and/or alcohol, that these postings/pages **be taken down immediately** in order to participate in the *New Jersey Shout Down Drugs®* initiative. If this rule is not adhered to by any participant at any time during the contest period, their entry, or subsequent winnings, will be disqualified.

For groups, there is no substitution permitted for any group member who does not adhere to these rules, but the remaining group members may still remain in the contest if they choose to do so.

This agreement will remain in effect for all Winners of the *New Jersey Shout Down Drugs®* music competition, who will receive their prize money by entering into a contract to perform their award-winning, original songs at statewide events as they represent the Partnership for a Drug-Free New Jersey.

By signing page 2 of this NJSDD contest entry form, I hereby acknowledge that I have read and agree to abide by these Rules of Conduct requirements.

Please mail completed Entry Form and your signed
Copyright License, Assignment & Talent Release to:

Partnership for a Drug-Free New Jersey
NJSDD
155 Millburn Avenue
Millburn, NJ 07041

DEADLINE: JANUARY 10, 2020

**Questions? Contact Program Coordinator at:
973-467-2100, x19, OR diane@drugfreenj.org**