



2018 PSA Contest Registration Form

Mentors please complete the registration form. Each student on the team must have a parent/guardian complete the release & waiver of liability form.

School or Organization's Name: _____

Mentor's Name: _____

Mentor's Email Address: _____

Mentor's Signature: _____

***I certify that I have reviewed the enclosed PSA and approve of the content.*

Names of the Students who created the PSA: _____

The registration form and the release & waiver of liability form, along with the USB flash drive of the PSA need to be mailed to the address below.

The Kim Foundation
ATTN: Lori
13609 California Street
Omaha, NE 68154

****PSA video entries are due by Friday, March 30th****

If you have any questions about the PSA Contest, please contact Melissa at mschaefer@regionsix.com or 402.505.4605.