



# Black Canadian Scholarship Fund

## How to Enter

- Read the Contest Rules attached to this form or on the BCSF website at [www.bcsf.ca](http://www.bcsf.ca) create your video.
- Complete and submit this form with your video by email or post to the address below.

**E-mail:** [info@bcsf.ca](mailto:info@bcsf.ca)

**Post:**

BCSF - FBCEN  
CSC(T) P.O. Box 8002  
Ottawa, ON K1G 5H6

*Your completed Entry Form and Video must be received at BCSF by **18<sup>th</sup> February 2011**. Entries received after **18<sup>th</sup> February 2011** will not be eligible.*

**Individual Entrant Information**

Full Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Age (on the date of submission): \_\_\_\_\_

I agree to the BCSF Video Contest Official Rules  Yes  No

**\* A "No" response will disqualify your entry.**

**Group Entrant Information**

**Names of participants: Contact information**

1. Full Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Age (on the date of submission): \_\_\_\_\_ \*

2. Full Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Age (on the date of submission): \_\_\_\_\_ \*

3. Full Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Age (on the date of submission): \_\_\_\_\_ \*

4. Full Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Age (on the date of submission): \_\_\_\_\_ \*

We agree to the BCSF Video Contest Official Rules  Yes  No

**\* A "No" response will disqualify your entry.**

**Please copy page if more space is needed**

## Parent/Guardian information

*\*If the Entrant is under 18 years of age, please provide parent or guardian contact information below and sign consent form*

Full Name: \_\_\_\_\_

Relationship to the entrant: \_\_\_\_\_ (Parent/Guardian)

Daytime Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Submissions are not considered complete until signed**

Entrant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If Entrant is under 18 years of age)*