



Hunger Task Force
WISCONSIN SCHOOL MEALS ROCK!
STUDENT SCHOOL BREAKFAST VIDEO
CONTEST

INSTRUCTIONS: Complete this form and submit with your video by **February 14, 2020**. Follow the instructions on the [Contest Rules and Submission Requirements](#) page regarding submission of this form and video.

TEAM APPLICATION			
School District	School Name		
Mailing Address City, State, Zip	City	State	ZIP Code
Video Name			

CORE TEAM MEMBERS				
List the core team members for this project. Secure parent/guardian signature to give permission for student to appear in the video. If there are more than five members, you will have the ability to enter additional students on page 2.				
Team Member 1 <i>First and Last Name</i>	Grade	May this student appear on camera? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian <i>First & Last Name</i>	Parent/Guardian Signature ➤
Team Member 2 <i>First and Last Name</i>	Grade	May this student appear on camera? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian <i>First & Last Name</i>	Parent/Guardian Signature ➤
Team Member 3 <i>First and Last Name</i>	Grade	May this student appear on camera? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian <i>First & Last Name</i>	Parent/Guardian Signature ➤
Team Member 4 <i>First and Last Name</i>	Grade	May this student appear on camera? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian <i>First & Last Name</i>	Parent/Guardian Signature ➤
Team Member 5 <i>First and Last Name</i>	Grade	May this student appear on camera? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian <i>First & Last Name</i>	Parent/Guardian Signature ➤

ADULT CONTACT			
Adult Contact <i>First and Last Name</i>	Adult Contact Email Address	Relation to Student Team Members	
Mailing Address City, State, Zip	City	State	ZIP Code
Adult Contact Signature ➤			Date Signed <i>Mo./Day/Yr.</i>

PRINCIPAL AUTHORIZATION	
I HEREBY GIVE MY PERMISSION for teachers and other adults employed by our school to appear in this video. Additionally, if this video is selected as a finalist, I will assist the Wisconsin Department of Public Instruction in its work of ensuring that any student appearing in an identifiable way has been granted permission to appear by their parent/guardian (alterations to the video may also be possible, to render a student's likeness identifiable).	
Name of Principal <i>First and Last Name</i>	
Signature of Principal ➤	Date Signed <i>Mo./Day/Yr.</i>

ADDITIONAL STUDENTS

List all the additional students who appear in the video and the time marker where they appear. Tabbing from the last cell will allow additional rows / students to be entered.

Student <i>First and Last Name</i>	Grade	Time Marker Location
1.		
2.		
3.		
4.		
5.		