

THE SOUTH SHORE NEPTUNES SKIN DIVERS' CLUB, INC.
ANNUAL AWARD FOR UNDERWATER VIDEO

Complete Information is required for consideration.

Please print clearly or type.

Name: _____

Street: _____

City: _____ State: _____ Zip code: _____

Phone home: _____ Mobile _____

Email Address: _____

1. When was your entry taken? _____

2. Where was your entry taken? _____

3. What was your visibility? _____

4. What video equipment did you use for this entry? (i.e. make of camera, lighting, etc.) _____

5. What is the name/title of your entry.

By submitting this official registration form with the accompanying video, and signing below, I confirm that I have read the official rules which have been provided by the South Shore Neptunes Skin Divers' Club, Inc. for entry into the Annual Underwater Video Contest and hereby agree that I have met all of the requirements and hence bound by such rules.

Signature

Date