



**OLD GUARD VIDEO PRESENTATION COMPETITION  
PARTICIPANT ENTRY FORM**

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

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

ASME Member ID (if applicable): \_\_\_\_\_

Course of Study: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

School Affiliation: \_\_\_\_\_

District Affiliation (check one):  District G  District H  District I  District J

ASME Student Section Advisor (if applicable): \_\_\_\_\_

Presentation Title: \_\_\_\_\_

Direct URL to access video submission on YouTube:

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