



# "Make Friends with Autism" Public Service Announcement Contest

## **Autism Education in our Communities**

Children's Specialized Hospital recognizes the importance for all people, including people with autism and their families, to participate in community activities. *Make Friends with Autism*, a community-focused autism education program, promotes building community partnerships that encourage the understanding, inclusion, support, and appreciation of people with autism and their families. These projects have been made possible through a generous grant from Kohl's. Together, Children's Specialized Hospital and Kohl's are dedicated to doing great things for our community.

## **Contest Focus**

As part of the *Make Friends with Autism* program, Children's Specialized is sponsoring an autism-focused Public Service Announcement (PSA) contest. We are asking community members to create a PSA that demonstrates understanding of autism, promotes autism awareness, and encourages the acceptance and inclusion of people with autism in the community. The winning PSAs will be used as part of Children's Specialized Hospital's autism awareness and educational programs.

By entering this contest, entrants agree to abide by the contest requirements, specifications, and guidelines listed below.

## **Entry Requirements**

- The PSA must be a team-based effort, consisting of at least 3 (three) contributing participants, ages 12 and over.
- PSAs should reflect the focus message, but each team has the freedom to be creative with the content and presentation.
- All parts of the PSA must be original, undistributed material developed, written, produced, and directed by those submitting the entry. No copyrighted material will be accepted.

## **Specifications**

- Entrants grant Children's Specialized Hospital the right to use/broadcast their names, photographs, and video submissions for use in community awareness projects, educational materials, presentations, advertising, publicity, promotional materials, and website content. Children's Specialized Hospital retains the right to edit, make reproductions, broadcast, and distribute the PSAs.
- Children's Specialized Hospital is not responsible for late, lost, damaged, or material that we are unable to view (based on technical malfunctions or incompatibilities).
- All entries become the property of the Children's Specialized Hospital. No entries will be returned.

## **Submission Guidelines**

All PSA submissions must:

- have a maximum running time of 30 seconds
- be submitted on a high-quality DVD

## **Submission Guidelines (cont.)**

- be clearly and legibly labeled with the following information:
  1. PSA title
  2. Team Name
  3. Primary member's contact information (name, telephone and e-mail)
  4. Date of submission
- be accompanied by a contest Entry Form
- include a Team Member / Participant Release Form for every team member and participant
- All entries must be postmarked by Friday, October 2, 2009 and mailed to:  
Children's Specialized Hospital, Autism Education PSA Contest (Room 243)  
150 New Providence Road, Mountainside, NJ 07092

## **Judging**

All submissions will be reviewed by a designated team at Children's Specialized Hospital. The PSA Review Committee will select the winners based on the following criteria:

- 50 % A positive reflection of intended message  
(Autism awareness and encouraging inclusion of individuals with autism in community life)
- 25 % Representing a clear understanding of autism disorder
- 25 % Creativity

## **Winners**

- Only entries meeting all qualifications and specifications will be considered.
- One winning team will be chosen from each of the following categories. All members of each submitting team must fall within the same category.
  - Category A:** Contributors age 12 through 17  
(No family members of Children's Specialized Hospital employees in this category)
  - Category B:** Contributors age 18 and older  
(No employees or family members of Children's Specialized Hospital in this category)
  - Category C:** Children's Specialized Hospital Employees and their family members(all sites)
- Winners will be notified no later than Friday, October 30, 2009. Decisions of the Children's Specialized Hospital PSA Review Committee are final.
- The winners' names and PSAs will be posted on the Children's Specialized Hospital website:  
[www.childrens-specialized.org](http://www.childrens-specialized.org).
- Winning PSAs will be distributed to various media contacts at the discretion of Children's Specialized Hospital.

## **Prizes**

The winning team from each category will receive a \$500 cash prize, exciting gifts, and the distinction and recognition resulting from the broadcast and distribution of their PSA as part of important autism awareness and educational programs.

## **Questions**

For more information regarding the Children's Specialized Hospital Autism PSA Contest:  
Call 1-888-CHILDREN (1-888-244-5373), extension 5209  
or send an e-mail to [arobertiello@childrens-specialized.org](mailto:arobertiello@childrens-specialized.org)

**Be creative, have fun and inspire!**



# "Make Friends with Autism"

## Public Service Announcement Entry Form

*Please print all information.*

**PSA Title:**

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(Include correct capitalization and punctuation.)

**Entry Category:**

- Category A:** Contributors age 12 through 17  
(No family members of Children's Specialized Hospital employees in this category)
  
- Category B:** Contributors age 18 and older  
(No employees of Children's Specialized Hospital in this category)
  
- Category C:** Children's Specialized Hospital Employees  
(All sites)

**Team Members:**

List additional members on separate paper.

**Member 1**

Name			Age
Address		City	State ZIP
Telephone	E-mail		

**Member 2**

Name			Age
Address		City	State ZIP
Telephone	E-mail		

**Member 3**

Name			Age
Address		City	State ZIP
Telephone	E-mail		



# "Make Friends with Autism"

## Public Service Announcement

### Team Member / Participant Release Form

I grant Children's Specialized Hospital permission to use and broadcast my name, voice, images, photographs, video submission, music and any other contributions made for this public service announcement, for use in community awareness projects, educational materials, presentations, advertising, publicity, promotional materials, and website content. I understand that Children's Specialized Hospital retains the right to edit, make reproductions, broadcast, and distribute this PSA.

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Team Name

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PSA Title

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Contributor's Name (Please print.)

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Contribution

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Signature

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Date

For participants and members under the age of 18:

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Parent / Legal Guardian's Name (Please print.)

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Parent / Legal Guardian's Signature

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Date