



ONTARIO
FUNERAL SERVICE
ASSOCIATION

Student Video Contest Entry Form

Date: _____ Student No: _____

Student Surname Name: _____ Given Name: _____

Student email address: _____

College of Attendance: Boreal Humber

First Year Student: Second Year (Intern):

If Intern, Preceptor's Name _____

Funeral Establishment's Name _____

(Must be a member of OFSA)

Topic Selected to be submitted for review and consideration:

Signature: _____

I have read and understand the attached agreement and I accept and agree to all of the terms and conditions.

Submit Entry form to: info@ofsa.org

For more information please contact us at 905-637-3371