



2nd Annual Aspiring Authors Competition - 2019

Please complete this form and send it attached with your story:

FULL NAME: _____

AGE: _____

GENDER: _____

ADDRESS:

TELEPHONE NUMBER: _____

EMAIL: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

(Your signature verifies that the above-named child has your permission to enter this contest. You agree on behalf of the child, that this website and company may reproduce his/her entry without payment to the child, other than any prize(s) she/he may be awarded. You verify that the submitted story is the original work of your child.)