

Coweta Friends of the Library's

Young Writers Contest

Contest Entry Form

WRITER'S NAME _____

GRADE _____ SCHOOL _____ or _____ HOMESCHOOLED

PHONE _____ EMAIL (optional) _____

ADDRESS _____

TITLE OF ENTRY _____

NUMBER OF PAGES _____

PARENTS PERMISSION

I consent to my child's participation in this writing contest and I have read and agreed to the contest rules. **I certify that the entry is the original work of my child.** I understand that the contest organizers take privacy very seriously, and will not sell, or use the private information above in any way except as necessary for the administration of the contest. I acknowledge that the Coweta Friends of the Library have the right to duplicate, circulate, and display winning manuscripts. I also give permission for the organizers to publish my child's entry in a print or digital format.

Signature of Parent or Legal Guardian _____

Please Print Name _____

Date Signed _____