



WRITING CONTEST FOR TEENS (GRADE 7 TO 12) WHO RESIDE OR
ATTEND SCHOOL IN THE TOWNSHIP OF RUSSELL.

NAME:

DATE OF BIRTH:

MAILING ADDRESS:

SCHOOL ATTENDED:

CITY:

GRADE:

POSTAL CODE:

TELEPHONE:

EMAIL:

Title of poem or short story:

"I confirm that this entry meets the contest's rules and is an original literary work of my own/my child, and I consent to the release of personal information and the submitted work for publicity and publishing purposes only."

STUDENT SIGNATURE (16 YEARS +)

PARENT'S SIGNATURE (15 years old and younger)

LIBRARY USE ONLY

Date received: _____

Library Branch: _____

Staff signature: _____

CONTEST CLOSES APRIL 15TH, 2019