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# YOUNG AUTHORS’

# CONTEST COVERSHEET

2019 – 2020

**Please print clearly or type. Information will be used for publication.**

|  |  |
| --- | --- |
| **Student/Author’s Name:** | Student’s name *as it should appear in the publication* |
| **Home Address:** | *(Street, city, state. zip)* |
| **Home Phone:** |  |
| **Email Address:** |  |
| **School Name/ Address:*****(Full Address with zip code)*** |  |
| **Grade:****Teacher: First & Last Name** | **Grade: \_\_\_\_\_\_****Mr., Mrs., Ms. *(circle one) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| **Teacher Email:**\***Must be included** |  |
| **Local Reading Chapter:** | **Howard County** |
| **Title of Entry:** | **Title:***Delete one:* **POEM (P) SHORT STORY (SS)** |

**Parent Permission**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest to the authenticity of my child’s

 Print first and last name

original work and give permission for SoMLA representatives to publicize my child’s name and reproduce his/her work in an anthology of writing in the event (s)he becomes a state winner.

**Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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*For local chapter coordinator’s use only:*

Entry Type & Judging ID Number (ie-“P1” or “SS4”):