FF/RN Student Storytelling Contest Entry Form

STUDENT NAME	GRADE	AGE	
PARENT/GUARDIAN NAME(S	\$)		
EMAIL	PHONE		
MAILING ADDRESS			-
CITY	STATE	ZIP	
Ownership of any entry shall repermission and consent that For distribute the submitted entry for constitutes acceptance of all ru own original work.	pothills Forum and Rappaha or purposes of this Storytelli lles and conditions, including	annock News may display, ng Contest. Submission of g verification that it is the s	print, or an entry tudent's
STUDENT SIGNATURE			
PARENT/GUARDIAN SIGNAT	URE		
DATE OF SUBMISSION			
TITLE OF SUBMITTED STOR	Y		
STORYTELLER STATEMENT other information you would like			ose or any