



PBS KIDS Writers Contest Entry Form

The PBS KIDS Writers Contest is produced by PBS and coordinated by WNED-TV, Buffalo-Toronto



PBS KIDS Writers Contest Entry Form

Type or print legibly

Child's Name _____ Age _____

Child's Mailing Address _____

City/State/Zip _____ Home Phone (_____) _____

Circle Grade: Kindergarten 1st Grade 2nd Grade 3rd Grade Sex: F M

Title of Story _____

Number of Words _____ Word count range: Grades K-1 minimum-50, maximum-200
(The word count includes "a," "an," & "the.") Grades 2-3 minimum-100, maximum-350

Number of Illustrations _____ (minimum of 5)

Only one entry per child • Only single author stories (no co-authors) • Story must be original work of the child • Original art can include drawings, collages, 3-D and photos taken by the author • Story may be fact or fiction, prose or poetry • Use only one side of the paper • Number each page on the back • Text must be printed/written legibly or typed • Children who can't write may dictate their story to be printed or typed • Invented spelling is accepted • Story text may be on pages with illustrations or on separate pages • Non-English text must be translated into English text on the same page and the translated English text must adhere to the word count • Word count includes "a" "an" "the" but not words on nonstory pages (e.g. title page) or those that enhance illustrations

I acknowledge that I have read the Contest rules & regulations prior to signing this and that I understand the rules.

Required:

Parent/Guardian Signature _____ Email address: _____

Printed Name _____ Date _____

If different than the above address:

Mailing Address _____

City/State/Zip _____ Phone (_____) _____

Optional for Promotional Offers to Parent/Guardian named above from PBS KIDS Partners

Yes / No (circle one) PBS KIDS Partners may contact me via email up to two times for promotional offers related to the PBS KIDS Writers Contest

Optional for School-Related Entry:

Teacher Signature _____ Email address: _____

Printed Name _____

School Name _____

School Mailing Address _____

City/State/Zip _____ School Phone (_____) _____

Deadline for receipt of entries and entry address is: **March 31, 2015**

Physical Address: WLJT-DT, 210 Hurt St., Martin, TN 38238 **Mailing Address:** WLJT-DT, P. O. Box 966, Martin TN 38237

For more information contact Sabrina Bates at sbates@wljt.org or 731-881-7561