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 (_______)_____________________

ENTRIES MUST BE POSTMARKED BY (or dropped off by) APRIL 29, 2016

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