

GPB - PBS KIDS 2020 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 |
| Title of Story | |
| Number of Words (The word count includes "a," " | |
| Number of Illustrations | (minimum of 5) |
| collages, and photos taken by the back • Text must be printed/writ accepted • Story text may be on page and the translated English title page) or those that enhance I acknowledge that I have read the | ingle author stories (no co-authors) • Story must be original work of the child • Original art can include drawings, he author • Story may be fact or fiction, prose or poetry • Use only one side of the paper • Number each page on the en legibly or typed • Children who can't write may dictate their story to be printed or typed • Invented spelling is pages with illustrations or on separate pages • Non-English text must be translated into English text on the same text must adhere to the word count • Word count includes "a" "an" "the" but not words on nonstory pages (e.g. illustrations. |
| <u>Required:</u> Parent/Guardian Signature | Email address: |
| - | Date |
| If different than the above address | |
| City/State/Zip | Phone () |
| Yes / No (circle one) PBS KIDS Pa | to Parent/Guardian named above from PBS KIDS Partners rtners may contact me via email up to two times for promotional offers related to the PBS KIDS Writers Contest |
| Optional for School-Related Ent | |
| | Email address: |
| Printed Name | |
| School Name | |
| School Mailing Address | |
| City/State/Zip | School Phone () |
| Deadline for receipt of entries a | - |
| DEADLINE: APRIL PLEASE NOTE: THE TIMELINE HAS CHANGED DUE TO MANDA | DF OUR CONTEST 260 14 TH STREET NW |