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 ______________          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, 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:

DEADLINE: APRIL 15, 2022
ALL STORIES MUST BE POSTMARKED BY THIS DATE

MAIL TO:
GEORGIA PUBLIC BROADCASTING
ATTN: WRITERS CONTEST
260 14TH STREET NW
ATLANTA, GA 30318

GPB - PBS KIDS Writers Contest Entry Form, 2022