

Wellington Public Library

Spooky Story Contest Entry Form

Please staple this completed form to the front of your story.

For Student to Complete and Sign

Name _____

Grade _____ School _____

Email Address _____

Phone Number _____

Story Title: _____

By signing my name below, I agree that the story I am submitting is 100% my own original work. No words or ideas were borrowed from any other source.

Signature _____ Date _____

For Adult Entry (and Parent/Guardian of Student Entry) to Complete and Sign

Name _____

Phone Number _____

Email Address _____

Story Title _____

By signing my name below, I indicate that I am giving permission for my child's name and story to be entered in the library's Spooky Story Contest, and to be displayed or published on the library's website and Facebook page, and The Library Ledger newsletter. My signature also indicates that this is an original work of fiction.

Signature _____ Date _____

Entries must be submitted by 4 p.m. Friday, October 30, 2020 to the Wellington Public Library, 121 W. 7th, Wellington, KS.