



PBS KIDS Writers Contest Entry Form



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

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 _____

Mailing Address - If different from the above 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: APRIL 17, 2015

**Mail Stories to: WCTE-TV, P.O. Box 2040
Cookeville TN 38502**