



# PBS KIDS Writers Contest Entry Form 2017



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 from the above address:  
Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Optional for Promotional Offers to Parent/Guardian named above from WTVP PBS KIDS Partners**  
Yes / No (circle one) WTVP 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: MAY 5, 2017**

**WTVP**  
**101 STATE STREET**  
**PEORIA, IL 61602**