

STUDENT

Young
Writers

CREATIVE WRITING CONTEST 2008

**THIS FORM MUST BE
COMPLETED**

STUDENT ENTRY FORM
TO BE STAPLED TO THE FRONT OF SHORT STORY

Name: _____

School Name: _____

Home Address: _____

School Address: _____

PO Box #: _____ Apt #: _____

PO Box #: _____

City: _____

City: _____

Province: _____ Postal Code: _____

Province: _____ Postal Code: _____

Date of Birth: _____

(month, day, year)

Title of short story: _____

WORD COUNT
.....
.....

Please complete **all details** and attach to each short story submitted
ONE STORY PER STUDENT ONLY
This form may be photocopied



Poetry Institute of Canada, P.O. Box 5577, Victoria, BC V8R 684 Phone
(250) 519-0446 Fax: (250) 519-0029

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_____ **MAX 360**

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