



YOUNG AUTHORS' CONTEST COVERSHEET 2020 – 2021

Please open the “PDF Marking Toolbar” to use the “Freehand Tools” or “Signature” to fill in the fields and add your signature.

Information will be used for digital publication.

Student/Author’s Name: *Must be included	Student’s name <i>as it should appear in the publication</i>
Preferred Pronouns:	Select one: <input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/their
Home Address:	Street address: City: _____ Maryland Zip: _____
Home Phone:	() - _____
Parent’s Email Address: *Must be included	
High School Student’s Email Address (optional)	
Teacher’s Email Address:	
School Name & Address: <i>(Full Address with zip code)</i>	School: Street address: City: _____ Maryland Zip: _____
Grade:	
Teacher: (First & Last Name)	Select one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Local Reading Chapter:	Howard County Literacy Association
Title of Entry:	Title: Select one: <input type="checkbox"/> POEM (P) <input type="checkbox"/> SHORT STORY (SS)

Parent Permission

I, _____ attest to the authenticity of my child’s
Print/type first and last name
 original work and give permission for SoMLA representatives to publicize my child’s name and reproduce their work in an anthology of writing in the event that my child becomes a state winner.

Parent Signature: _____ **Date:** _____

*Signature is required. Parental verification may also be confirmed via a digital signature.
 Click on the signature line to open “Freehand Tools”.*

For local chapter coordinator’s use only:

Entry Type & Judging ID Number (ie-“P1” or “SS4”):