



# YOUNG AUTHORS CONTEST SoMIRAC 2017-2018 COVER SHEET

**Please print clearly- information will be used for publication and certificates**

<b>Student/Author's Name:</b>	Student's name as it should appear in the publication
<b>Student/Author's Home Address:</b>	<i>(Street, city, state, zip)</i>
<b>Student/Author's Home Phone:</b>	
<b>Email Address:</b>	
<b>School Name/ Address:</b> <i>(Full Address with zip code)</i>	
<b>Grade:</b>  <b>Teacher: First/Last Name</b>	<b>Grade:</b> _____  <b>Mr., Mrs., Ms.</b> _____ <i>(circle one)</i>
<b>Teacher Email:</b> <b>** Must be included</b>	
<b>Local Reading Council:</b>	<b>Howard County Reading Council</b>
<b>Title of Entry:</b>	<b>Title:</b>  <i>Circle one:</i> <b>POEM</b> <b>SHORT STORY</b>

## Permission for Publication

I, \_\_\_\_\_, give permission for SoMIRAC  
Print first and last name  
 representatives to reproduce my child's work in an anthology of writing, in the event he/she becomes a state winner.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_