

**YOUNG AUTHORS CONTEST SoMIRAC 2014-2015**

**COVER SHEET**

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

|  |  |
| --- | --- |
| **Student/Author’s Name:** | Student’s name *as it should appear in the publication* |
| **Student/Author’s** **Home Address:** | *(Street, city, state. zip)* |
| **Student/Author’s** **Home Phone:** |  |
| **Email Address:** |  |
| **School Name/ Address:*****(Full Address with zip code)*** | **Centennial Lane Elementary School****3825 Centennial Lane****Ellicott City, MD 21042** |
| **Grade:****Teacher: First/Last Name** | **Grade: \_\_\_\_\_\_****Mr., Mrs., Ms. *(circle one) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| **Teacher Email:****\*\* Must be included** |  |
| **Local Reading Council:** | **Howard County** |
| **Title of Entry:** | **Title:***Circle one:* **POEM SHORT STORY** |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**