



YOUNG AUTHORS' CONTEST SoMIRAC 2015-2016 COVER SHEET

Please print clearly. Information will be used for publication and certificates.

Student/Author's Name:	Student's name <i>as it should appear in the publication</i>
Student/Author's Home Address:	<i>(Street, city, state. ZIP)</i>
Student/Author's Home Phone:	
Email Address:	
School Name (no abbreviations) & Full Address (with ZIP):	
Grade:	Grade: _____
Teacher: First/Last Name	Mr., Mrs., Ms. (circle one) _____
Teacher Email:	
Local Reading Council (no abbreviations):	Howard County Reading Council
Title of Entry:	Title: <i>Circle one:</i> POEM SHORT STORY

Permission for Publication

I, _____, give permission for SoMIRAC representatives to
Print first and last name
 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:** _____

** Must be included