

YOUNG AUTHORS' CONTEST SoMLA 2018-2019 COVER SHEET

Please type or 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)	Lisbon Elementary School 15901 Frederick Rd. Woodbine, MD 21797	
Grade:	Grade:	
Too show First/Lost Nove	Mr., Mrs., Ms. (circle one)	
Teacher: First/Last Name Teacher Email:		
** Must be included		
Local Reading Chapter:	Howard County Reading Chapter	
Title of Entry:	Title:	
	Circle one: POEM SHORT STORY	
1	Permission for Publication	
I.	, give permission for SoMLA	
Print first and last na	me	
becomes a state winner.	hild's work in an anthology of writing, in the event he/she	
Student Signature:	Date:	
Parent Signature:	Date:	

Teacher Signature:	Date:	

^{*}Submit the signed printed copy to the school contest.

*Save an electronic copy with information in the boxes in case you win the school contest.

Winners need to submit this electronic copy for the county and state contests.