



YOUNG AUTHORS' CONTEST SoMIRAC 2016-2017 COVER SHEET

Please type or print very neatly--information is needed for publication and certificates

| | |
|---|---|
| Student/Author's Name: | Student's name as it should appear in the publication |
| Student/Author's Home Address: | <i>(Street, city, state, zip)</i> |
| Student/Author's Home Phone: | |
| Email Address: | |
| School Name/ Address: <i>(Full Address with zip code)</i> | Lisbon Elementary School 15901 Frederick Rd Woodbine, MD 21797 |
| Grade: | Grade: _____ |
| Teacher: First/Last Name | Mr., Mrs., Ms. _____ <i>(circle or choose one/delete one) Full Name Please</i> |
| Teacher Email: ** Must be included | |
| Local Reading Council: | Howard County Reading Council |
| Title of Entry: | Title: <i>Circle or choose one/delete one: POEM SHORT STORY</i> |

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:** _____

Attach a signed copy of this Cover Sheet to the poem/short story that you are submitting.