



YOUNG AUTHORS CONTEST SoMIRAC 2017-2018 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:	<i>(Street, city, state, zip)</i>
Student/Author's Home Phone:	
Email Address:	
School Name/ Address: <i>(Full Address with zip code)</i>	
Grade: Teacher: First/Last Name	Grade: _____ Mr., Mrs., Ms. _____ <i>(circle one)</i>
Teacher Email: ** Must be included	
Local Reading Council:	Howard County Reading Council
Title of Entry:	Title: <i>Circle one:</i> 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:** _____