

Story Submission Form

I agree to allow my child's Young Writers Workshop story be published on www.meddybemps.com. I understand that my child's story may not be selected and will not be returned. I understand that if my child's story is selected and published, a Young Writers Workshop T-Shirt will be sent to my child at the address given below, but but that no money will be paid.

Signed (by child's parent or guardian)

_____ Date _____

Please print the following information

Child's first name: _____

First letter of last name*: _____ Age: _____

Shirt size (check one): Youth Small Youth Medium Youth Large

Parent's/Guardian's name: _____

Mailing Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

email address: _____

If your child's story might be difficult for someone unfamiliar with his or her writing to read (us), please print his or her story on the back of this page.

Thanks!

Jerry and Susan Jindrich

*Privacy Policy: to safeguard your child, we will not show the child's last name. Nor will we use or share any of the information you provide for any commercial or non-commercial purposes.