



PBS KIDS Writers Contest Entry Form

Please see complete rules at <https://www.idahoptv.org/kids/writers/> – Thank you!!

Type or print legibly

Child's Name _____ Age _____

Child's Mailing Address _____

City/State/Zip _____ Home Phone (_____) _____

Circle Grade: Kindergarten 1st Grade 2nd Grade 3rd Grade Sex: F M

Title of Story _____

Word count range: Grades K-1: minimum 50 words, maximum 200 words
Grades 2-3: minimum 100 words, maximum 350 words

Only one entry per child • Enter based on the grade the child was in during the 2019-2020 school year. • Only single-author stories (no co-authors) • Story must be original work of the child • Minimum of 5 original illustrations/artwork • Original art can include drawings, paintings, collages, 3-D artwork and/or photos taken by the author and should be in color • Story may be fact or fiction, prose or poetry • Use only one side of the paper • Number each page on the back • Text must be printed/written legibly or typed • Children who can't write may dictate their story to be printed or typed • Invented spelling is accepted • Story text may be on pages with illustrations or on separate pages • Non-English text must be translated into English text on the same page, and the translated English text must adhere to the word count • Word count includes "a" "an" "the" but not words on non-story pages (e.g. title page) or those that enhance illustrations • 8.5 inch x 11 inch paper size is preferred for ease of scanning.

I acknowledge that I have read the Contest Rules & Regulations at <https://www.idahoptv.org/kids/writers/> prior to signing this and that I understand the rules and the rights that they grant.

Required:

Parent/Guardian Signature _____ Email address: _____

Printed Name _____ Date _____

Mailing Address (if different than above): _____

City/State/Zip _____ Phone (_____) _____

Optional for School-Related Entry: (Tip for teachers – fill this section out once then photocopy the form!)

Teacher Signature _____ Email Address: _____

Printed Name _____

School Name _____

School Mailing Address _____

City/State/Zip _____ School Phone (_____) _____

DEADLINE: August 14th, 2020

Please include a full-color original or photocopy of your story with this entry form. Deadline to postmark, deliver or mail entries is:

Send to: Writers Contest

**Idaho Public Television
1455 N Orchard St
Boise, ID 83706-2239**