



**IDAHO
PUBLIC
TELEVISION**

2019 PBS KIDS Writers Contest Entry Form

Please see complete rules at <http://idahoptv.org/kids/writers.cfm> – 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 • 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 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 <http://idahoptv.org/kids/writers.cfm> 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 (_____)** _____

Please include a full-color original or photocopy of your story with this entry form. Deadline for postmark or receipt of entries is:

DEADLINE: MARCH 23, 2019

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