



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 <i>as it should appear in the publication</i>
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>	Bushy Park Elementary; 14601 Carrs Mill Rd. Glenwood, MD 21738
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.