

SPOOKY STORIES CONTEST ENTRY FORM

Please complete this form and include it with each contest entry. This contest is open to ages 7-15.

Name: _____

Age: _____

Phone number: _____

FIND CONTEST DETAILS IN OUR SEPTEMBER/OCTOBER NEWSLETTER

I have read all contest rules and verify that I am eligible to enter this contest (please check box).

TITLE OF SUBMISSION: