



**YOUNG AUTHORS’
CONTEST COVERSHEET
2019 – 2020**

Please print clearly or type. Information will be used for publication.

Student/Author’s Name:	Student’s name as it should appear in the publication
Home Address:	(Street, city, state. zip)
Home Phone:	
Email Address:	
School Name/ Address: (Full Address with zip code)	Hammond Elementary School 8110 Aladdin Dr, Laurel, MD 20723
Grade: Teacher: First & Last Name	Grade: _____ Mr., Mrs., Ms. (circle one) _____
Teacher Email: *Must be included	
Local Reading Chapter:	Howard County
Title of Entry:	Title: <i>Delete one:</i> POEM (P) SHORT STORY (SS)

Parent Permission

I, _____, attest to the authenticity of my
(print first and last name)
child’s original work and give permission for SoMLA representatives to publicize my child’s name
and reproduce his/her work in an anthology of writing in the event (s)he becomes a state winner.

Parent Signature: _____ **Date:** _____

For local chapter coordinator’s use only:

Entry Type & Judging ID Number (ie-“P1” or “SS4”):
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