

SPOOKY STORY CONTEST 2024

ATTACH THIS FORM TO YOUR PRINTED ENTRY

- All entries must be the original work of the student.
- Only one entry will be accepted per contestant.
- For stories with multiple authors, please include a separate entry form for each author.
- Submissions are due by 11:59 p.m. on Thursday, Oct. 31.

PERSONAL INFORMATION

First Name*	<input type="text"/>	Age*	<input type="text"/>
Last Name*	<input type="text"/>		
Story Title*	<input type="text"/>		
Home Library*	<input type="text"/>		

CONTACT INFORMATION

Phone	<input type="text"/>
Email	<input type="text"/>
Parent/Guardian Phone*	<input type="text"/>
Parent/Guardian Email*	<input type="text"/>

Fields marked with an asterisk (*) are required.

My submission is my own original work and was not generated with the use of AI tools.

Signature: _____

