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
Title of Story___________________________________________________________________________________________
Number of Words ______________  Word count range: Grades K-1 minimum-50, maximum-200
(The word count includes “a,” “an,” & “the.”) Grades 2-3 minimum-100, maximum-350
Number of Illustrations __________ (minimum of 5)

Only one entry per child • Only single author stories (no co-authors) • Story must be original work of the child • Original art can include drawings, collages, and photos taken by the author • 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 nonstory pages (e.g. title page) or those that enhance illustrations.

I acknowledge that I have read the Contest rules & regulations prior to signing this and that I understand the rules. Required:
Parent/Guardian Signature_________________________________________ Email address: _____________________________
Printed Name____________________ Date____________________
If different than the above address:
Mailing Address_______________________________________________________________________________________
City/State/Zip______________________________ Phone (_______)____________________

Optional for Promotional Offers to Parent/Guardian named above from PBS KIDS Partners
Yes / No (circle one) PBS KIDS Partners may contact me via email up to two times for promotional offers related to the PBS KIDS Writers Contest

Optional for School-Related Entry:
Teacher Signature_________________________________________ Email address: _____________________________
Printed Name____________________
School Name_________________________________________
School Mailing Address____________________________________________________________________________________
City/State/Zip______________________________ School Phone (_______)____________________

Deadline for receipt of entries and entry address is:  
DEADLINE: MARCH 20, 2020

GEORGIA PUBLIC BROADCASTING
ATTN: WRITERS CONTEST
260 14TH STREET NW
ATLANTA, GA 30318

GPB - PBS KIDS Writers Contest Entry Form, 2020