

APPLICATION

Gilroy Library Writing Contest: *Family Fables, Family Feasts*



Your Name _____
Address _____
City _____ ZIP CODE _____
Email _____
Telephone (_____) _____

____ Yes, I have a valid Santa Clara County Library card

Age Group: ____ 12 and under ____ 13-17 ____ 18 and older

Are you a student? ____ Yes ____ No

If yes, name of school, college or program _____

Grade _____

CHECKLIST

- I have read the Rules for the *writing* contest carefully.
- I am submitting only ONE typed entry of 1000 words or less.
- I have kept a copy of my entry.
- My entry is submitted as a WORD document on CD or sent electronically as an attachment or pasted in the body of an email message to feasts@library.sccgov.org .
- My full name & contact information appears at the end of the entry.
- I have completed and signed the Release/Author Biography Form.
- I am submitting my entry and required documents before 6 p.m. Saturday, March 20, 2010 to: *Family Fables, Family Feasts*, Gilroy Library, 7652 Monterey Street, Gilroy CA 95020.



