



**Friends of Sonning Common Library**

## **Short Story Competition**

To enter, complete this form, save it to your hard drive and then email it with your story to [sonningcommon.library@oxfordshire.gov.uk](mailto:sonningcommon.library@oxfordshire.gov.uk).

### ENTRY FORM

#### Story Details

Title

Select the category are you entering

- ☐ 7 years of age or under  
☐ 11 years of age or under  
☐ 16 years of age or under

#### Author Details

Name

Indicate here if eligible for consideration  
of an award for stories written by

☐ authors with special needs

School Attended (2016/17)

Age (at 1/09/17)

Home Postcode

#### Parent or Guardian Information

Name

Home Phone number

Email address

Mobile Phone number

It is the responsibility of the entrant and the entrant's parent and/or guardian to ensure that they have read and abide by the terms and conditions of the competition.