

YOUNG AUTHORS' CONTEST SoMLA 2018-2019 COVER SHEET

Please type or print clearly-information will be used for publication and certificates

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Student/Author's Name:	Student's name as it should appear in the publication
Student/Author's Home Address:	
	(Street, city, state. zip)
Student/Author's Home Phone:	(Sir eet, etty, state. 21p)
Email Address:	
School Name/ Address: (Full Address with zip code)	Northfield Elementary School 9125 Northfield Rd. Ellicott City, MD 21042
Grade:	Grade:
Teacher: First/Last Name	Mr., Mrs., Ms. (circle one)
Teacher Email: ** Must be included	
Local Reading Chapter:	Howard County Reading Chapter
Title of Entry:	Title:
	Circle one: POEM SHORT STORY
Permission for Publication	
I,	give permission for SoMLA
Print first and last name representatives to reproduce my child's work in an anthology of writing, in the event he/she becomes a state winner.	
Student Signature:	Date:
Parent Signature:	Date:
Teacher Signature:	Date:

^{*}Submit the signed printed copy to the school contest.

^{*}Save an electronic copy with information in the boxes in case you win the school contest. Winners need to submit this electronic copy for the county and state contests.