

CLASSROOM SWEEPSTAKES: Entry Form

Type or print legibly Teachers Name

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School Name							
School Mailing A	ddress						
City/State/Zip					School Phone ()	
Circle Grade:	Kindergarten	1st Grade	2nd Grade	3rd Grade			
Total Number of	Entered Stories f	or Classroom:					
Story Listing (pl	ease add addition	al lines as nee	ded):				
Student Name:			Title o	of Story			
Student Name: _			Title o	of Story			
Student Name:			Title o	of Story			
Student Name: _			Title o	of Story			
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Student Name: _							
Student Name: _							
Student Name:			Title o	of Story			
Student Name: _			Title o	of Story			
Student Name:				of Story			

To be counted toward the classroom total, each story entered must be the work of an individual student, and must comply with all the rules for individual entries to the 2015 PBS KIDS Writers Contest as outlined in the PBS KIDS Writers Contest Individual Contest Official Rules. Unqualified stories will not be counted toward the classroom total. To be entered into the PBS KIDS Writers Contest, each individual entry must be accompanied by an individual PBS KIDS Writers Contest Individual Contest Entry Form, completed in full.

Student Name: ______Title of Story _____



CLASSROOM SWEEPSTAKES ENTRY FORM

I acknowledge that I have read the CLASSROOM SWEEPSTAKES rules & regulations prior to signing this and that I understand the rules.

Required: Teacher Signature	Email address:
Printed Name	Date
If different than the above address: Mailing Address	
City/State/Zip	Phone ()

Optional for Promotional Offers to Teacher 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 PBS KIDS and the PBS KIDS Writers Contest.

Deadline for receipt of entry form address is:

DEADLINE: April 15, 2015 (04/15/2015)

WEIU-TV PBS Kids Writers Contest 600 Lincoln Avenue 1531 Buzzard Hall Charleston, IL 61920