



# CREATIVE WRITING COMPETITION 2017

## ENTRY FORM

NAME:	
SCHOOL:	
DATE OF BIRTH:	
GENDER:	
CONTACT NUMBER	
CONTACT ADDRESS:	

NAME OF PIECE:	
WORD COUNT:	

**I confirm that I have submitted my own original work**

YOUNG PERSON SIGNATURE:	
DATE:	

## PARENTAL PERMISSION

**If you are under 18, you will need to get permission from your parent/carer to enter.**

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_ to submit their writing to this competition. I understand that if they win, their work and name will be published by Rewrite.

You may contact me in the future to let me know about your activities, storing my details in accordance with the Data Protection Act.

NAME OF PARENT/CARER	
SIGNATURE:	
DATE:	

**Please email your entries, with this form to: [CWClondon@rewrite.org.uk](mailto:CWClondon@rewrite.org.uk) OR post to Farha Bi at Rewrite, Cambridge House, 1 Addington Square, London, SE5 0HF by 16<sup>th</sup> December 2017.**

Please remember you must not include your name and address anywhere on your writing piece.