

Short Story Application (2019)

Student's name (please print or type)

First name Last name Middle (or nick-name)

Student's phone number _____ - _____

Student's address _____ City _____ Zip _____

Age (as of July 24th, 2019) _____ DOB ____/____/____

Story Title: _____

Number of pages: _____

Date submitted ____/____/2019 Time _____ am/pm

Received by: _____ (Adams County Library worker)

I agree that this story may be shared with the public in a not for profit exposure by members of Quincy Masonic Lodge #71 or the Adams County Library, to include publication in the local newspapers. The author retains all ownership rights beyond this.

Author or author's parents, for authors who are underage, must consent to this release in order to be eligible to enter this contest.

Signature _____ (please print full name below signature)

For questions or concerns, Contact Robert Theim, Master, Quincy Lodge #71 at 715 347-2089 or long-range@juno.com

Receipt for story:

Tear along dotted line

Story Title: _____

Number of pages: _____

Date submitted ____/____/2019 Time _____ am/pm

Received by: _____ (Adams County Library worker)