	Short Story App	lication (202)	
Student's name (please p	rint or type)			
		1		
First name	Last name	Middle (or n	ick-name)	а. З
Student's phone number		-		
Student's address		City		_ Zip
Age (as of July 27 th , 2022		DOB/	/	
Story Title:				
Number of pages:				
Date submitted//202	22 Time	am/pm		
Received by:	(Adan	ns County Libra	ry worker)	
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Author or author's parents, for order to be eligible to enter this	[.] authors who are u s contest.	nderage, must	consent to thi	s release in
Signature	(please p	rint full name b	elow signatur	e)
For questions or concerns, Co 0r <u>long-range@juno.com</u>				
Receipt for s	story: T			
Story Title:				
Number of pages:		e		
Date submitted// 20	22 Time	am/pm		
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