



ENTRY FORM

NAME

ADDRESS

SCHOOL

SCHOOL YEAR

TITLE OF YOUR STORY

PLEASE ASK YOUR PARENT OR TEACHER TO SIGN BELOW TO CONFIRM YOU MAY TAKE PART IN THE COMPETITION

PARENT/GUARDIAN NAME

Signature

Please note: We need a hard copy of your story which may be hand written or word processed.
If you are entering with your school please hand the form with your story to your teacher.

If you are entering independently please send this form with a copy of your story securely attached to:

Screen Your Story
27 Bracken Gardens, Barnes, London SW13 9HW

