

Entry Form

ASL Tales Storytellers' Competition

Before you complete this entry form, please be sure to read the official contest rules.

All submissions, electronic or mini DV, require a signed entry form. Forms should be sent to ASL Tales Storytellers' Contest, 1208 Cedar Park, Annapolis, MD 21401.

(Please print neatly or type)

Student's name:

Student's age: _____ Student's grade: _____

Student's school:

Parent/guardian's name:

Street address:

City: _____ State: _____

Zip code: _____ Phone number: _____

Parent/guardian's e-mail address:

On behalf of my child, I have read, understand, agree, and abide by the rules of ASL Tales Storytellers' Competition.

Further, I certify that this is an original translation, created by my child.

Parent/guardian's signature

Date