

Entry Form

Complete this form and return it with your entry to *VSA arts* by Friday, November 20, 2009.

VSA arts—Call for Writing
818 Connecticut Avenue NW
Suite 600
Washington, DC 20006 USA

Please complete a separate form for each submission.

AUTHOR IDENTIFICATION

Student's Name (*first name & family name*): _____

Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State/Country: _____

Zip/Mail code: _____ Telephone: _____

E-mail: _____

Describe your connection to or experience with disability: _____

TEACHER INFORMATION

When applicable, students should make sure that their teacher completes this section to provide secondary contact information.

Teacher's Name (*first name & family name*): _____

School Name: _____

School Address _____

Teacher's E-mail: _____

Teacher's Telephone: _____

Department: _____

WRITING ENTRY

Title of fiction/nonfiction/poem: _____

Date created (*month & year*): _____

Language of writing: _____

Genre of submission (*check one*): Fiction Nonfiction Poetry

Explain why you selected to write about this particular encounter:

Provide a 2–3 sentence biography:

How did you, your parent/guardian, or teacher hear about this call (*check all that apply*)?

Direct mail E-mail VSA *arts* Web site Local VSA *arts* affiliate

Other (*please specify*) _____

I hereby declare that I am the creator of the fiction/nonfiction/poem and that the work is original. By signing this agreement, I grant VSA *arts* the right to use my submission for public relations purposes, including, but not limited to, the VSA *arts* Web site, newsletter, related media, and exhibition at VSA *arts* events.

Author's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

(*For students under 18 years of age*)