

FRANCES LEVER MEMORIAL WRITING CONTEST

2011

CONTEST ENTRY FORM

Please complete the entry form in full and **FAX to 613-507-5174:**

Literacy Link Eastern Ontario

203A-837 Princess Street

Kingston, ON K7L 1G8

Name: _____

Title of Your Story: _____

Level: _____

Program Name: _____

Program Address: _____

Instructor's Name: _____

Telephone: _____

RELEASE FORM

I, _____ hereby grant Literacy Link Eastern Ontario permission to publish my story.

Signature

Date