

**FRANCES LEVER MEMORIAL WRITING CONTEST**

**2012**

**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