



2017 International Torrance Legacy Creative Writing Awards

Application Form

Please type or print clearly

Author's Name: _____
(First) (Middle) (Last)

Address: _____
(Street Address)

(City) (State) (Zip/Postal Code)

Daytime Telephone Number: _____

E-Mail Address: _____

Grade enrolled during Spring 2017: _____ Age at last birthday: _____

Please check the eligibility group level for which you are entering your submission:

_____ Group A: Ages 8-10 _____ Group C: Ages 13-15

_____ Group B: Ages 11-12 _____ Group D: Ages 16-18

School Name: _____

School Address: _____
(Street Address)

(City) (State) (Zip/Postal Code)

School's Telephone Number: _____

Teacher/Parent Name: _____

Teacher/Parent Signature: _____

Teacher/Parent Daytime Phone Number: _____

Teacher/Parent E-Mail: _____

Please select the genre for which you are entering your submission:

_____ Poetry _____ Short Story

Theme of Submission: _____

Title of Submission: _____

Number of Pages (including cover page) : _____