# **C:\Users\c00454\Desktop\CCED 2017 Title.png**

# **ENTRY FORM**

Please fill out this form, print, and attach to the back of the poems. All fields are required. Incomplete forms will invalidate the entry.

The deadline for the  **Local Section Contest** is .

| **Student and Organization Information** |
| --- |
| Student’s Name: |       |
| Grade: |       |
| Parent/Guardian: |       | Parent/Guardian Email:       |
| **School or sponsoring group:***(e.g. Boys and Girls Club or Scout Troop, 4-H, etc.)* |       |
| Teacher’s Name: |       | Teacher’s Email:       |
| School Address: |       |
| Address Line 2: |       |
| City: |       | State:       | Zip:       |
|  |
| **Judging Category by Grade (Check one)** |
| K-2 [ ]  | 3-5 [ ]  | 6-8 [ ]  | 9-12 [ ]  |
|  |
| **FOR LOCAL SECTION USE ONLY** |
| Local Section Name (Number): |       |
| CCED Coordinator Name: |       |
| Email / Phone: |       |