



OFFICIAL ENTRY FORM

Author First Name: _____

Author Last Name: _____

Author age group (circle one):

Toddler/
Preschooler

K-2nd Grade

3rd-5th Grade

6th-8th Grade

9th-12th
Grade

Adult
(18+)

Phone number: _____

Email address: _____

LINCC Library Card #: _____

Story title: _____

Word count: _____

☐ I agree to have my story published on the Wilsonville Public Library website.

Story must be typed and include story title and page numbers on each page of the story.

Do not include your name on any of the story pages. In order for the entries to remain anonymous, the writer's name should appear only on the Entry Form attached to the story.

*Entries that do not meet the contest guidelines will be disqualified from judging.
Last day to submit entries is August 31, 2025.*