

# Entry Form

## YOUR DETAILS

(Entries received with incomplete or illegible entry forms will be disqualified)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country: \_\_\_\_\_

Gender:  Male  Female Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No. (with area code): \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Add: \_\_\_\_\_

This entry consists of \_\_\_\_\_ pages.

Title of Manuscript: \_\_\_\_\_

### Checklist:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Manuscript                   | <input type="checkbox"/> Copy of State-Issued Identification    | <input type="checkbox"/> Photograph of Each Contributor |
| <input type="checkbox"/> First Six Full Illustrations | <input type="checkbox"/> 100-Word Summary of Story              |   |
| <input type="checkbox"/> Storyboard                   | <input type="checkbox"/> 100-Word Biography of Each Contributor |   |

I understand that by submitting this form I take full responsibility for my entry. I certify that it is my own work and does not contain material copied or plagiarised from another source.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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