

## March Break Short Story Contest



Please fill out all sections that apply to you.

### FAMILY INFORMATION

Phone Number		Email	
Family Address	Unit/Apt.	City	Postal Code
Mother's/Guardian's Name	Mother's Business Phone	Cell Phone	
Father's/Guardian's Name	Father's Business Phone	Cell Phone	

### PARTICIPANT INFORMATION

Last Name	First Name	Birth Date (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Library Card #			

*Personal information contained on this form is collected under the authority of the Municipal Act and will be used for the purpose of program registration. Questions about this collection should be directed to the Director of Public Services at One the Esplanade, ON L1V 6K7 – 905.831.6265 ex.6233.*

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Signature of Participant or Guardian (if under 18)

I hereby release the City of Pickering Library Board from all claims for damages arising from any accidents or injury which are caused by or arise from participation of the applicant named above, during any program or in any facility or at any location where the program is being held.

### PROGRAM INFORMATION:

1. Short story can be no longer than two pages
2. Short story must begin with the line, **“I was using a computer at the library when suddenly the screen went blank and up popped a...”**
3. Writers must have their own Pickering Public Library card
4. Fully completed entry form must accompany short story
5. Entries will be divided into the following age categories:  
JK - SK, grades 1 - 3, 4 - 6, 7 - 8, 9 - 12
6. Writers must email, [kids@picnet.org](mailto:kids@picnet.org), or drop off their story to a Pickering Public Library branch by **March 18th**.
7. All winning entries will be published on the Library's website.