



**Treehouse Tales Young Writers & Illustrators Content Entry Form** (type or print legibly)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Circle Grade: **1st Grade**    **2nd Grade**    **3rd Grade**    **4th Grade**

Sex:    **F**        **M**

**Title of Story** \_\_\_\_\_

**Number of Words** \_\_\_\_\_ (100-350) (The word count includes "a," "an," & "the.")

**Number of Illustrations** \_\_\_\_\_ (minimum of 5)

By entering the **Treehouse Tales Young Writers & Illustrators Contest**, I give permission for WCNY-TV to use this work, which will be credited to the entrant/author, as it wishes, including (but not limited to) display, promotion, reproduction and distribution in all media forms and the right to create, perform, display and distribute derivative works. I also give them the right to use the entrant/author's name, likeness and biographical material in connection with the work.

I release WCNY-TV, their parent companies, sponsors, and the officers, directors, employees, licensees and successors from any liability or claimed liability in connection with this Contest submission.

I acknowledge that I have read this consent and release prior to signing it and that I understand its contents.

I warrant that this child alone has created the story text and illustrations for this Contest.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name \_\_\_\_\_ Email address: \_\_\_\_\_

**School-related entry:**

Teacher Name \_\_\_\_\_ Email address: \_\_\_\_\_

School Name \_\_\_\_\_

School Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_

**Deadline for receipt of entries is February 26, 2010**

Send To: WCNY-TV/FM ♦ Educational Services ♦ 506 Old Liverpool Rd. ♦ Liverpool, NY 13088  
ATTN: Treehouse Tales