



**Treehouse Tales
Young Writers & Illustrators Contest**



Entry Form (type or print legibly)

Child's Name _____ Age _____

Child's Mailing Address _____

City/State/Zip _____ Home Phone (____) _____

Circle Grade: **Kindergarten** **1st Grade** **2nd Grade** **3rd Grade**

Sex: **F** **M**

Title of Story _____

Number of Words _____ (The word count includes "a," "an," & "the.")
Grades K-1 min of 50 - max of 200 words; Grades 2-3 min of 100 - max of 350 words

Number of Illustrations _____ (minimum of 5)

By entering the **Treehouse Tales Young Writers and Illustrator's 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 Signature _____ Email address: _____

Printed Name _____

School Name _____

School Mailing Address _____

City/State/Zip _____ School Phone (____) _____

Deadline for receipt of entries February 29, 2008

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