



SUBMISSION FORM

Category _____ /2020
Date of Submission _____

Name _____ DOB _____ Age _____
Address _____ Apt _____
City _____ State _____ Zip _____
Parent/Guardian # _____ Email _____
School/Address _____
City _____ State _____ Zip _____ Grade _____
Teacher _____ Email _____
School # _____ Fax _____
Principal _____ District/Region _____
Title of work submitted _____

This is an original work. I did not have help creating it. I know that once submitted, if selected, my work can be published by the CCWC according to the Guidelines.

Author's Signature _____
Parent/Guardian Name (Print) _____
Parent/Guardian Signature _____



SUBMISSION FORM

Category _____ /2020
Date of Submission _____

Name _____ DOB _____ Age _____
Address _____ Apt _____
City _____ State _____ Zip _____
Parent/Guardian # _____ Email _____
School/Address _____
City _____ State _____ Zip _____ Grade _____
Teacher _____ Email _____
School # _____ Fax _____
Principal _____ District/Region _____
Title of work submitted _____

This is an original work. I did not have help creating it. I know that once submitted, if selected, my work can be published by the CCWC according to the Guidelines.

Author's Signature _____
Parent/Guardian Name (Print) _____
Parent/Guardian Signature _____

SUBMISSION FORM

Category _____ /2020
Date of Submission _____

Name _____ DOB _____ Age _____
Address _____ Apt _____
City _____ State _____ Zip _____
Parent/Guardian # _____ Email _____
School/Address _____
City _____ State _____ Zip _____ Grade _____
Teacher _____ Email _____
School # _____ Fax _____
Principal _____ District/Region _____
Title of work submitted _____

This is an original work. I did not have help creating it. I know that once submitted, if selected, my work can be published by the CCWC according to the Guidelines.

Author's Signature _____
Parent/Guardian Name (Print) _____
Parent/Guardian Signature _____

SUBMISSION FORM

Category _____ /2020
Date of Submission _____

Name _____ DOB _____ Age _____
Address _____ Apt _____
City _____ State _____ Zip _____
Parent/Guardian # _____ Email _____
School/Address _____
City _____ State _____ Zip _____ Grade _____
Teacher _____ Email _____
School # _____ Fax _____
Principal _____ District/Region _____
Title of work submitted _____

This is an original work. I did not have help creating it. I know that once submitted, if selected, my work can be published by the CCWC according to the Guidelines.

Author's Signature _____
Parent/Guardian Name (Print) _____
Parent/Guardian Signature _____