



Traveling Stories Writing Contest Submission Form

Questions 1-7 must be completed or the entry is not eligible.

Child's Name _____

Title of your submission: _____

Grade in School that child just completed (circle one): 1st 2nd 3rd 4th 5th 6th

Parent/Caregiver's Full Name: _____

Parent/Caregiver's Email Address: _____

Parent/Caregiver's Phone #: _____

Home Zip Code: _____

****By submitting this form I give Traveling Stories permission to share this story in print and digitally for noncommercial purposes. I understand the child will retain ownership of the writing submission.****

EXTRA QUESTIONS (this data helps Traveling Stories with grant applications!)

How would the child participating in this contest describe themselves? (Circle the most accurate answer)

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Hispanic / Latino or Latina

White

Prefer Not to Say

Include a copy of this completed form with your entry and mail to:

Traveling Stories 1240 E. Plaza Blvd #604-430, National City CA 91950

Entries must be postmarked by 8/31/23 to be eligible.