

# SCARE THE DICKENS OUT OF US!

Contest Entry Form  
"Scare the Dickens Out of Us" Ghost Story Contest

## CONTACT INFORMATION

My Name \_\_\_\_\_

My Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My Phone Number: \_\_\_\_\_

My Email Address: \_\_\_\_\_

## STORY INFORMATION:

Title of my ghost story: \_\_\_\_\_

The Dickens work (novel or short story) from which my character(s) taken:

\_\_\_\_\_  
\_\_\_\_\_

Send your manuscript, this entry form, and \$20 entry fee (check or money order) to:

Ghost Story Contest  
c/o Friends of the Dr. Eugene Clark Library  
P.O. Box 821  
Lockhart, TX 78644  
USA (if non US address)

Make your \$20 check or money order payable to "Friends of the Dr. Eugene Clark Library."

SEE COMPLETE CONTEST RULES AT OUR WEB SITE: [www.clarklibraryfriends.org](http://www.clarklibraryfriends.org)