

SCARE THE DICKENS OUT OF US!

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

CONTACT INFORMATION

My Name _____

My Mailing Address: _____

My Phone Number: _____

My Email Address: _____

STORY INFORMATION:

Title of my ghost story: _____

Name(s) of Dickens character(s) I used in my story:

My character(s) came from this story or novel by Charles Dickens:

Send your story and this entry form to:

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

SEE COMPLETE CONTEST RULES AT OUR WEB SITE: www.clarklibraryfriends.org

NOTE: THIS ENTRY FORM IS FOR THE JUNIOR CONTEST FOR AGES 12-18. IF YOUR INTENTION IS TO ENTER THE ADULT CONTEST, YOU MUST USE THE OTHER ENTRY FORM, ENTITLED "CONTEST ENTRY FORM." IF YOU ARE AGE 12-18, YOU MAY ENTER BOTH CONTESTS IF YOU WISH.