



Type or print leg	ibly:									
Child's Name							Age			
Child's Mailing A	Address									
City/State/Zip					Home Phone ()					
Circle Grade:	Kindergarten	1st Grade	2nd Grade	3rd Grade	School:				Sex: F	M
Title of Story										
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Number of Illus	trations	(minimu	m of 5)							
Invented spellir English text on on nonstory pa I acknowledge th Required:	taple pages • Text many is accepted • Stote the same page and ges (e.g. title page mat I have read the C	ory text may be did the translate or those that Contest rules &	e on pages wit d English text enhance illust regulations prio	h illustrations of must adhere to trations r to signing this a	on separate pag the word count • nd that I understa	ges • Non-E Word coul	English text mu nt includes "a"	st be transl "an" "the"	ated into	o words
Parent/Guardia	n Signature			En	nail address:					
Printed Name						_ Date				
	he above address:									
City/State/Zip					Phone ()				
Optional for Sc	hool-Related Entry	<u>:</u>								
Teacher Signatu	ire			En	nail address:					
Printed Name										
School Name										
School Mailing A	Address									
City/State/7in				Sc	hool Phone (1				

DEADLINE: April 25, 2025

Submit via Mail: Ozarks Public Television **Attn: Writers Contest** 901 South National Springfield, MO 65897

Deliver To: Strong Hall, Room 115 900 South Holland Ave. Springfield, MO 65897

Submit via Email: events@optv.org Note: If submitting electronically, please

provide full-color scans of each page, correctly ordered, in a PDF file format.