

Bilingual Book Competition

Application & Information

2018-19



Please fill in all of the requested information below, then send to creoentimedia@gmail.com or mail to:

Creo En Ti Media
150 Parkview Heights Road
Ephrara, PA 17522

***Please submit 1 form per project.
List all participants and their appropriate role.***

Acknowledgement:

****PLEASE NOTE**:** by participating in this competition and submitting an entry, all students agree to the Creo En Ti participation terms and agree to submit original work only.

Name(s):

Signature(s):

By signing this I acknowledge and agree to the terms of the *Creo En Ti Bilingual Book Competition*.

About your Book:

Title of the book: _____

Language of the book:

All submissions must be in English AND another language. Please indicate what that other language is.

Short description of your book (synopsis, etc.):

About the Author: *(if there is more than one author, please attach an additional copy of this page for each author.)*

Author Name (First and last name: _____)

Home Address: _____

Email: _____

Phone number: _____ **Grade:** _____

Birthday: _____

Tell us a little about yourself!

All Authors/Illustrators must also provide parent/guardian information:

Parent/guardian info name: _____

Parent/guardian phone number: _____

Parent/guardian email: _____

About the Illustrator: *(if there is more than one illustrator, please attach an additional copy of this page for each illustrator.)*

Illustrator Name (First and last name): _____

Home Address: _____

Email: _____

Phone number: _____ **Grade:** _____

Birthday: _____

Tell us a little about yourself!

All Illustrators must also provide parent/guardian information:

Parent/guardian info name: _____

Parent/guardian phone number: _____

Parent/guardian email: _____

About your School:

School Name: _____

School Address: _____

School website: _____

School Phone Number: _____

My school is a:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Public school | <input type="checkbox"/> Cyber school |
| <input type="checkbox"/> Private school | <input type="checkbox"/> Home school |
| <input type="checkbox"/> Charter school | <input type="checkbox"/> Other: _____ |

Did you complete this project as a requirement for a class?

- Yes
 No

If YES, which class? _____

If YES, who is your teacher? _____

About your adult sponsor:

Each submission must have an adult sponsor. Please provide the name and contact information about the adult who is sponsoring your submission.

Sponsor Name : _____

Address: _____
If your sponsor is a teacher, you may use your school address.

Email address: _____

Phone number: _____
Please use a phone number where you can be reached directly.

My sponsor is my:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Guidance counselor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Principal | |