

Cohn-Haddow

Center for Judaic Studies

Writing Competition Entry Submission Form

Name

Date of Birth

M F
Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

Phone

E-Mail

Address

City, ST ZIP Code

School Information

School Name

Staff Contact

Grade

Name

Office Phone

Position

Address

City, ST ZIP Code

How did you hear about this?

I have read and understand the rules for this competition. By signing this form I am in agreement that all work submitted in my name is original. I grant permission to the Cohn-Haddow Center to use/publish work submitted for promotional purposes.

Student Signature

Parent's/Guardian's Signature

Date