



# Entry Form

## OzKids Young Australian Writers Awards

### Your Details

First Name: ..... Last Name: .....

Date of Birth: ..... Male Female

Email: .....

Contact Number: .....

### Your School Details

School: .....

Suburb or Town: ..... Post Code: .....

Teachers Name: .....

### Entry Details

Title of Piece: .....

Number of Words: ..... Story Poetry

Age Section: Junior: Grade 1 - 5 Middle: Grade 5 - Year 8 Senior: Year 9 - 12

Please enter you story or poem on the following pages provided

### Return Details

#### Post:

Please mail your piece of work with this form to:  
Childrens Charity Network  
P.O. Box 267,  
Lara Vic. 3212

#### Email:

Please forward this completed form to;  
[info@ozkids.com.au](mailto:info@ozkids.com.au)

Your Entry

