



POETRY CONTEST ENTRY FORM

Participant Information:

please print clearly

Name: _____

Phone: _____

Library Card Number: _____

Parent or Guardian: _____

Age Group

(please circle one): 0-12 13+

Submission Guidelines:

Anyone with an **ACLS library card** can enter

Each participant may submit **one** poem

Poems should be no more than **150 words max**

Only submit original poetry that is **not previously published**

Poems should be **typed** and fit on **one page**

Each entry form must include the participant's **full name, age group, ACLS library card number, and contact information**. Please don't forget to submit this form along with your poem entry!

Return this form and typed poem to the Washington Street Library, or email them both to washingtonstlibrary@alleganycountylibrary.info by **April 6**.

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Winning poet's names and poems may appear on promotions including, but not limited to social media, the library website, newspaper, and other communications.