



LLEO WRITING CONTEST 2015 ENTRY FORM

Please complete the entry form in full. Scan the form and attach it to the email with your story. Email the files to info@lleo.ca.

Name: _____

Story Title: _____

B2 Level (Instructor to complete): _____

Program Name: _____

Program Address: _____

Instructor's Name: _____

Telephone: _____

RELEASE FORM

I, _____ hereby grant Literacy Link Eastern Ontario permission to publish my story.

Signature

Date