Braille Creative Writing Contest 2024

Contest Entry Form

Please print out this form and fill in the information requested. Student must sign (or initial) at the bottom and this form must be mailed with the braille entry. If entry form is being completed in braille, please also submit in print. Please type your information down below.

**Student’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student or parent email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TVI email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade level (at May 31, 2024):** \_\_\_\_\_\_\_

**If student is performing at a different grade level, please indicate below so their entry can be judged appropriately:**

* Group 1: K-Grade 2
* Group 2: Grades 3-5
* Group 3: Grades 6-8
* Group 4: Grades 9-12

**Type of braille used (please check one):**

* Uncontracted
* Contracted
* Partially contracted

(if partially contracted braille is used, please include a teacher’s letter)

**Category of entry (please check one):**

* Story/Essay
* Poem

**I understand the rules of this contest. I wrote this story/poem by myself. I did not copy it from any other person, book or any other source.**

**Student’s signature: (or initials)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail completed entry form and submission to:

Karen Brophey

CNIB Braille Creative Writing Contest

1929 Bayview Ave.

Toronto, ON. M4G 3E8