**Application Form for** **Food4ChangeCaribbean Story Writing Competition:
STAGE 1 – Short Story**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **COUNTRY:**

 JAMAICA BARBADOS ST. KITTS & NEVIS

 **AGE:** \_\_\_\_\_\_\_

 **GENDER:**

MALE FEMALE

CC

**EMAIL ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE NUMBER (INCLUDE AREA CODE)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **INDICATE ILLUSTRATION CHOSEN:**

 ILLUSTRATION 1

 ILLUSTRATION 2

 ILLUSTRATION 3

**PARENTAL CONSENT:**

Parents and/or Guardians, please fill in the relevant information below and **type or sign** your name by the signature line.

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant permission for my child/ ward, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to submit thisShort Story to enter the Food4ChangeCaribbean Story Writing Competition. I also grant the project staff permission to contact us at the Contact Details provided above should he/she be selected for the Stage 2 of the Competition.*

Signature: (type or sign) Date:

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

**SHORT STORY:**

TITLE OF YOUR SHORT STORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE TYPE YOUR SHORT STORY BELOW (Max. 500 words, 12pt font):