



20 **17** *DRAFT to DREAM Book Competition*

Parent / Guardian Permission Form

If you are under 18 years of age, please have your Parent / Guardian complete and sign below:

Author _____ has my permission to participate in the Author U
2017 Draft to Dream Book Competition.

Parent/Guardian (Print) _____

Signature _____

Dated _____

Address _____

City _____ State _____ Zip _____

eMail _____ Cell Phone _____

