

RESPECT FOR LIFE ESSAY CONTEST
STUDENT SUBMISSION FORM

Submit this form with your essay: Provide ALL information requested.
(Each of the contestants must receive a copy of this form)

Title of essay _____
(MUST be shown here as it appears on your essay.)

Student name: _____

Street address _____

City: _____ State _____ Zip _____

Grade: _____ Age: _____ Telephone: (____) _____

Parents: _____

School: _____

Church: _____

CONSENT TO PUBLISH

Date: _____

I agree that my essay may be used for publication - Yes _____ No _____ (Check one)

Student _____ Parent _____
Signature Signature

THANK YOU for participating in the Knights of Columbus Respect for Life Essay Contest.

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(Supply this information before making copies)

Council #: _____ City: _____

District #: _____ Diocese: _____