

OFFICIAL ENTRY FORM

Arkansas High School Journalism Contest ■ Sponsored by Arkansas Press Women

Entries must be prepared in compliance with the rules and mailed with entry fees, postmarked by the state deadline.

EACH entry: Two copies each of entry **and** entry form
\$3.00 entry fee

State deadline: FEBRUARY 22, 2011

Mail entries to:

Kristin Netterstrom, State Contest Director
121 E. Capitol Ave.
Little Rock AR 72201

For information, call: 501-378-3479 (days)
or e-mail: knetterstrom@arkansasonline.com

Please copy this sheet to obtain as many forms as needed. Please print or type. Complete all blanks. Note required signature(s)!

Student Information

Student's Name: _____

Student's Grade (circle one): 9 10 11 12

Full name(s) of parent(s) or guardian with whom student resides:

Student's home address: _____

City: _____ State: _____ ZIP: _____

Student's home telephone: (_____) _____

Student's hometown newspaper and complete mailing address:

Newspaper: _____

Address: _____

City: _____ State: _____ ZIP: _____

Category (circle one):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> News | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Feature | <input type="checkbox"/> Feature Photo |
| <input type="checkbox"/> Editorial | <input type="checkbox"/> Sports Photo |
| <input type="checkbox"/> Opinion | <input type="checkbox"/> Video News |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Video Sports |
| <input type="checkbox"/> Column | <input type="checkbox"/> Video Features |
| <input type="checkbox"/> Cartoon | <input type="checkbox"/> Single-page Layout |
| <input type="checkbox"/> Reviews | <input type="checkbox"/> Double-truck Layout |
| <input type="checkbox"/> Graphics | |

Students are permitted 3 entries per category.

FOR JUDGE'S USE:

Circle ONE placement. **Please write comments on back.**

1 2 3 HM

Entry Information

Headline(s) or cutline/caption:

Publication name:

Date published: _____

Student's school: _____

School phone: (_____) _____

School principal's name: _____

School address: _____

City: _____ State: _____ ZIP: _____

School publication advisor:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

E-mail: _____

Website: _____

Advisor's signature required: By signing below, advisor verifies this entry is authentic and submitted in compliance with the contest rules.

Signed: _____

Date: _____