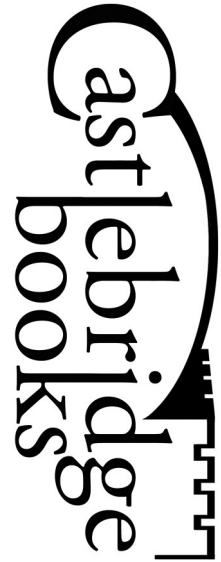


Sharing Savannah Story ENTRY FORM



Name _____

Pen name? (optional) _____

Title of story _____

Phone Number _____ Best time to call you _____

Address _____

Email address _____

_____ I am at least 18 years of age.
Initial

_____ I give Castlebridge Books the right to print the story indicated above in their first printing of *Sharing Savannah: A Collection of Children's Stories by Savannah Authors*. After the first printing, all rights will revert back to myself.
Initial

_____ If chosen to be included in the *Sharing Savannah* book, I pledge to purchase 20 copies at the retail cost of \$19.95 (\$399 total). I would also like to purchase _____ additional copies at the wholesale price of \$11.97. I understand that for every copy purchased, another copy will be donated to RIF.
Initial

_____ **signature**

_____ **date**

Before you drop in the mail:

Did you initial each of the clauses above?
Sign and date this form?
Include a copy of each story you wish to submit for consideration? (And one entry form per story?)

Mail your stories and entry forms to:

Sharing Savannah
Castlebridge Books
115 Bluebill Drive
Savannah, GA 31419

For delivery confirmation use UPS or FED EX.
Please do not call to verify we recieved your entry. Regular mail should get it to us without any problems.