

Hill-Stead MUSEUM

Sunken Garden Poetry & Music Festival 2009 Young Poets Competition Entry Form

Student completes:

Name: _____

Home Address: _____

Town/City: _____, CT Zip _____

Home Phone: () _____

E-mail: _____

School: _____

Grade: 9 10 11 12

School Address: _____

Town/City: _____, CT Zip _____

Teacher completes:

Name of Sponsoring Teacher: _____

Home Phone: () _____

E-mail: _____

I certify that to the best of my knowledge the enclosed poems are the original work of above-mentioned student.

Teacher's Signature

Date