**CNIB Braille Creative Writing Contest – Entry Form**

Please print out this form and fill in the information requested. Student must sign (or initial) at the bottom and this form must be mailed with the braille entry. If entry form is being completed in braille, please also submit in print.

Reminder: entries for the contest should be received at CNIB between March 1 and May 31!

**Year that entry is being submitted for:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student or parent email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TVI email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Grade level (at time of entry):** \_\_\_\_\_\_\_

**If student is performing at a grade level which does not match their age, please provide details so their entry can be judged appropriately:**

* Group 1: K-Grade 2
* Group 2: Grades 3-5
* Group 3: Grades 6-8
* Group 4: Grades 9-12

**Type of braille used (please check one):**

* Uncontracted
* Contracted
* Partially contracted

(if partially contracted braille is used, please include a teacher’s letter)

**Category of entry (please check one):**

* Story/Essay
* Poem

**I understand the rules of this contest. I wrote this story/poem by myself. I did not copy it from any other person, book or any other source. I confirm that my entry has been produced without substantial assistance of ChatGPT or other Artificial Intelligence. If my entry is in contracted braille, I confirm this is my own work and I have not used braille translation software.**

**Student’s signature: (or initials)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail completed entry form and submission to:

Karen Brophey

CNIB Braille Creative Writing Contest

1929 Bayview Ave.

Toronto, ON. M4G 3E8