

SHORT STORY COMPETITION

COVER SHEET

Entrant's Name:

Address:

Day Phone N°:

Mobile N°:

Email:

CQFHA Membership N°:

To be completed by the entrant. Entries will not be accepted if this section below is not completed.

1. I certify that
 - a. the story herewith is my own original work.
 - b. the story is non fiction and is a story of a portion of my life.
2. I grant to the Central Queensland Family History Association Inc a gratuitous licence to publish the story here attached, in full or in part, in The CQ Genealogist, or such other publication as they may choose, and on as many occasions as they may choose.

Signed:

Date:
