Hamptonne Ghost Story Competition – Entry Form

Writer's Details

Name: _____

Age: _____

School (optional): _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Telephone: _____

Story Details

Title of Story: _____

Age Category

☐ Under 12

☐ 12 years and over

Checklist

Please make sure you have:

☐ Completed this entry form.

☐ Included your ghost story.

☐ Written your name on your story.

Parent/Guardian Consent

I give permission for my child to enter the Hamptonne Ghost Story Competition. I understand that winning and selected entries may be displayed in the Cider Barn at Hamptonne throughout November.

Parent/Guardian Signature: _____

Date: _____

Important Information

- **Entries close: Friday 14 November**
- **Winners will be announced: 30 November**
- Please attach this completed entry form to your ghost story when submitting your entry.
- All stories will be displayed in the **Cider Barn at Hamptonne** throughout November.

For office use only

Date received: _____

Entry Number: _____