

A R C A D I A
P U B L I S H I N G
— AND —
The History Press

Halloween Story Contest
Parent/Guardian Permission Form

Young Writer's Last Name	
Young Writer's First Name	
Parent/Guardian Full Name	
Street Address	
City	
State	
ZIP	
Email	
Telephone Number	
School	
Grade (K-12)	
Story Title	

I give Arcadia Publishing and The History Press permission to share my child's bio and Halloween story on their website, social media channels and e-newsletter.

Signature

Date

Email this permission form to historybooks@arcadiapublishing along with the Halloween story by October 21, 2015.