



Children's Writing Contest Entry Form

Contest Year: 2026

Please complete this form and submit it with your child's original story. All fields are required.

Child / Participant Information

Child's Full Name: _____

Child's Age: _____

Parent / Guardian Information

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Story Information

Story Title: _____

Parent/Guardian Certification

I certify that the attached story is the original work of the child named above and that my child has my permission to enter it in the Campbell Museums Children's Writing Contest.

Parent/Guardian Signature: _____

Date: _____



For Museum Use Only Entry Number: _____

Date Received: _____

Received by: _____

Campbell Historical Museum 51 N. Central Avenue, Campbell, CA 95008 Phone:
(408) 866-2119