

118 Myddleton Road

London N22 8NQ

Tel/Fax 020 8374 4821

Reg. Charity No. 1040984

www.leukaemiacancersociety.org

enquiries@leukaemiacancersociety.org

**Children’s Story Competition Submissions Form**

Teacher/Tutor/Youth Club Leader: …………………………………………………

School/College/Youth Club: …………………………………………………………

Address: ……………………………………………………………………………….

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Phone number: ………………………………………………………

Email: …………………………………………………………………

PLEASE NOTE: Each story should **have its own title** not use the theme as its title.

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| No.  | Pupil’s Name | Story Title | Category**A B C**  | Age  | Gender |
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| **Categories:** Aged 7 - 9 [ **A** ]; Aged 10 - 12 [ **B** ]; Aged 13 - 15 [ **C** ];  |

Please return the completed form along with the story entries to:

**The Leukaemia Cancer Society**, 118 Myddleton Road, London, N22 8NQ.

For all enquiries please call 020 8374 4821 or email us at enquiries@leukaemiacancersociety.org