Entry Form:

**First and Last Name:**

**BCCC/ECHS email address:**

**Phone Number:**

**Story Category: (Check One)**

* **Southern Gothic**
* **Monsters/Ghosts/Ghouls**
* **Psychological Thriller**
* **Theme poem**

**Please write this statement on the line: This is my own original work and is not copied in part, or in full, from any other person or source. (Your Signature)**

**31 Words of Halloween Story:**