



**CANCER SUPPORT COMMUNITY REDONDO BEACH  
PRESENTS  
TEEN ESSAY CONTEST**

*Your story! Your voice!*

**Teen Essay Contest Entry Form - *must be submitted with essay by November 11***

First and last name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Parent's contact #: \_\_\_\_\_

Essay title: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher/counselor name: \_\_\_\_\_

Person who had or has cancer: \_\_\_\_\_

Type of cancer: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_

How did you hear about the contest?: \_\_\_\_\_

By signing my name below I agree that I have read the contest rules and agree that my submission is my own original work. I understand that my writing must reflect my own experiences, words and reflections (other than cited quotes and materials). I understand that my writing may be displayed, in whole or in part, in print publications and on [cancersupportredondobeach.org](http://cancersupportredondobeach.org).

By signing my name below I agree that I have read the contest rules and give my permission for my child to enter the contest. I understand my child's essay must be of original work and include own personal experiences, words and reflections (other than cited quotes and material). I agree that, to the best of my knowledge, the submission is original work.

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**Student signature**

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**Parent/Guardian signature**