

“EFEBO CORTO GIOVANI”
4th edition

SUBMISSION FORM – AMATEURS SECTION

Title.....
Name of Writer(s): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Country: _____ Telephone: _____
E-mail Address: _____
Genre: _____
Story Synopsis: _____

By signing this submission form and mailing it in, you fully and unconditionally agree to comply with and abide by the rules and the decisions made by the promoter, which will be final and binding in all respects.

I allow my name to be used for publicity purposes by the promoter

Date

Signature.