



Create Your Own Adventure

Entry Form

Child's Name:

Age:

Home Address:

.....

Email:

Story Planning Ideas

Who are your characters?

Where have they gone?

What has happened?

Story Title:

.....

.....

.....

.....

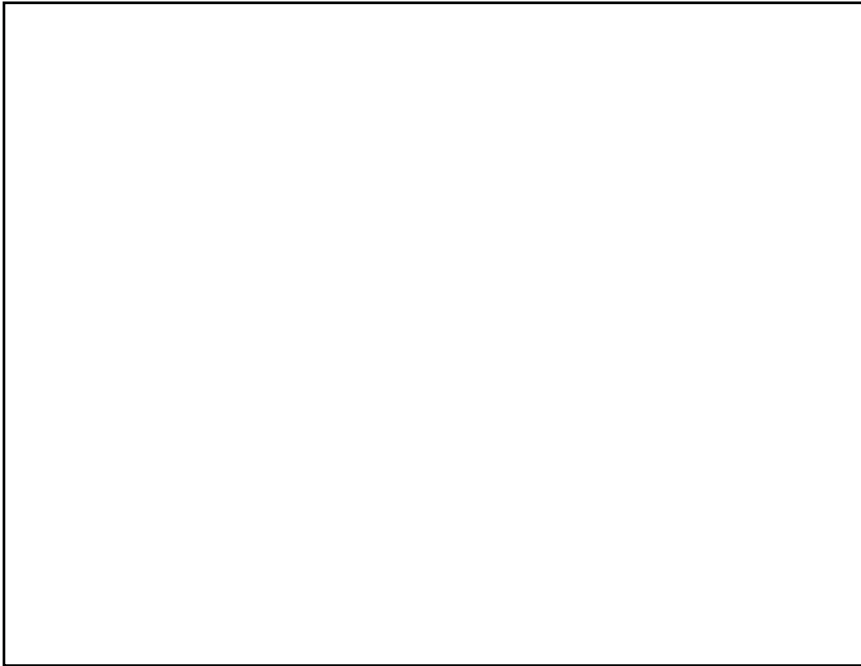
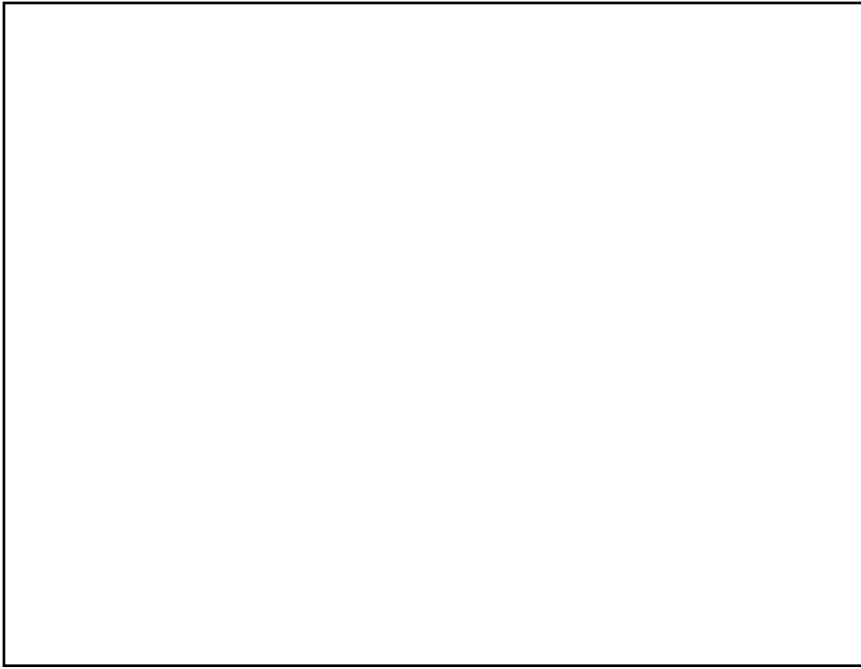
.....

.....

.....

.....

(Please turn over to continue your story)



.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

The End!