



CLASSROOM ENTRY FORM 2020



Type or print legibly

Teacher's Name _____ Email Address: _____

School Name _____

School Mailing Address _____

City/State/Zip _____ Phone (_____) _____

Circle Grade: Kindergarten 1st Grade 2nd Grade 3rd Grade

Total Number of Entered Stories for Classroom: _____

Story Listing (please add additional lines as needed):

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

Student Name: _____ Title of Story _____

DEADLINE: April 6, 2020

Questions? mary.heinemann@wtvp.org
or (309)495-0595

WTVP
101 State Street
Peoria, IL 61602