

Miriam Lutchter
Stark Contest[®]
in
Reading and Declamation
ESTABLISHED 1904

Entry Form for Student Participation

SUBMISSION DEADLINE FRIDAY, DECEMBER 9, 2016

Please print legibly in blue ink.

A. Student Information:

School: _____

Teacher/Homeroom name and contact information: _____

Full Name of Student/Contestant: _____

Gender: Male _____ Female _____ (Check One)

Address: _____ City _____ Zip _____

Student's email address: _____

Date of Birth: _____ Age: _____

Grade Level During School Year 2016-2017: _____ Projected Graduation Year _____

Parents/Legal Guardians:**

**** mark here if parents' address is the same** _____

Father: _____ Mother: _____

Home Address: _____ Home Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Home Phone: () _____

Work Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Cell Phone: () _____

Email: _____ Email: _____

B. For Completion by Student/Contestant: Student's Name: _____

1. Prior Participation Information

Have you previously participated in the Stark Reading Contest? _____ Yes _____ No

If "no", please move to B.2 Selection Information. If "yes", please complete the following information. (Attach additional sheet as necessary):

	<u>Prior Year</u>	<u>Category</u>	<u>Selection</u>	<u>Placement</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Participants who competed in any level of a prior Stark Reading Contest in prior years may not repeat the same selection in a future year's Stark Reading Contest.

2. Selection Information

Mark the category of the Contest in which you will participate (select one):

_____ INTERPRETIVE READING OR _____ DECLAMATION (speeches)

At least one selection MUST be on the Approved Selection List.

(First choice)*:

Title of selection: _____

Author of selection: _____

Source of selection: _____

Is selection on the Approved Selection List? _____ Yes _____ No**

Selection meets the minimum Lexile measure of 855L _____ Yes _____ No **Lexile Score: _____**

(must include score)

(Second choice)*:

Title of selection: _____

Author of selection: _____

Source of selection: _____

Is selection on the Approved Selection List? _____ Yes _____ No**

Selection meets the minimum Lexile measure of 855L _____ Yes _____ No **Lexile Score: _____**

(must include score)

*** Please attach complete copy of the selection chosen by Contestant. If selection is not on the Approved Selection List, please provide Lexile measurement and documentation evidencing proof of the source of the selection.**

***If either first or second selection is not on the Approved Selection List, Contestant must complete **Part C** of this form entitled "Form Requesting Approval of Alternative Selection" in accordance with the procedure in the Rules*

Local/School Director Approval _____ Date: _____
SRC Coordinator Approval _____ Date: _____

and Guidelines for School Year 2016-17; Contestant's eligibility status will be subject to prior approval of the material selected. **Note: This does not apply if student's selections are chosen from the Approved Selection List. If selections are on the Approved Selection List, Contestant should skip Part C and go to Part D.**

Only complete Part C if one of your selections from Part B(2) are not on the Approved Selection List.

C. Form Requesting Approval of Alternative Selection

Full Name of Student/Contestant:

Have you completed all other parts of the Entry Form for Student Participation? Yes No

If "no", the other parts of the Entry Form must first be completed to determine whether this Part C applies.

Circle category of the Contest in which you would like to participate (select one):

INTERPRETIVE READING

OR

DECLAMATION

Title of requested alternative selection: _____

Author of requested alternative selection: _____

Source of requested alternative selection: _____

Does selection meet the minimum Lexile measure of 855L ? Yes No **Lexile Score:** _____
(must include score)

If "no", what is the level of reading difficulty assigned by a comparable source? Also, please identify the comparable source.

Is selection part of published, printed material? Yes No

If "no", the selection approval will be at the discretion of the coordinator.

- On a separate sheet of paper, please provide a **written explanation** as to (i) why and/or how the alternative selection that is requested for approval should be considered as being a selection of literary merit and also (ii) why it should be considered and approved as an exception to the pre-approved list of materials.

- Please **attach complete copy of the selection submitted for approval**. Please include documentation evidencing proof of the source of the selection.

Approved by: _____
(Stark Reading Contest Local Level Director)*

Date: _____

***Final approval of Stark Foundation Stark Reading Contest Coordinator is required before alternative selection may be used**

D. Parent Information and Authorization:

For Completion by Parent(s)/Guardian(s) of Student/Contestant

I/We, the undersigned, request that the above-named Contestant (“Student”) be permitted to participate as a contestant in the Miriam Lutcher Stark Contest in Reading and Declamation (“Contest”) sponsored by the Nelda C. and H.J. Lutcher Stark Foundation (“Foundation”) for the 2016-2017 school year.

In order to remain eligible to participate in the Contest, I/We agree that Student must abide by the rules and guidelines of the Contest, maintain a minimum grade of C- (75 or above) in all classes in which Student is enrolled at his/her participating school, and behave in an exemplary manner and be in good standing with respect to Student’s conduct. We acknowledge that Student may be dismissed as a contestant from the Contest in the event of any failure to comply with any of the foregoing requirements, as determined in the sole discretion of contest directors.

In addition, I/We grant the Foundation the perpetual worldwide and royalty-free rights to use any photographic (including digital) images, video or audio related to Student’s participation in the Contest that may be made by or on behalf of the Foundation for promotional, documentary and/or educational purposes (including publications and exhibits), without compensation to me/us, Student or Student’s heirs, representatives or assigns.

I/We agree that any photos, videos, pictorial images, voice recordings or quotations, including those of Student taken or created by the Foundation (including without limitation taken by any photographer or videographer paid by or volunteering for the Foundation) during or relating to the Contest are the sole property of the Foundation and may be used in future publications, web pages, promotions, advertisements and exhibits of the Foundation (or any other person authorized by the Foundation to use such images) without the need of any additional permission form or consideration to the Student or me/us.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date: _____

Date: _____

E. Participating School Certification:

For Completion by Authorized Administrative Official of Participating School

I certify that the Student/Contestant named above is academically eligible to participate in the Stark Reading Contest, having maintained a minimum grade of C- (75 or above) in all classes in which he/she is enrolled at the participating school. I further certify that the Student/Contestant named above is in the upper fiftieth percentile (50%) of his/her class as of the date provided below. The Student/Contestant named above is also in good standing with respect to conduct.

By: _____

Name: _____

Title: _____

Date: _____

NOTE: Entry is not finalized and participation is not confirmed until all information is completed and signatures provided.

For questions or additional information, please contact your school’s Stark Reading Contest Director, or Drew Whatley, Stark Reading Contest Coordinator at 409.883.0871, ext. 2031 or src@starkfoundation.org.

Revised 5/25/2016