



Days of Remembrance – Student Submission Form

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Board of Directors
David Young
Dave Jacobson
Ray Huff
Cliff Rieders
Todd Hoover

1. Name: _____
Address: _____

Phone: _____ PA _____
E-mail: _____
2. Name of school: _____ Your grade as of March 15, 2019: _____
3. If done as part of a class, include name of your teacher: _____
4. How did you learn about this contest?
5. What recommendations do you have for us for next year?
6. By submitting an essay, you are giving permission to use your name, school, and excerpts from your essay in area papers for publication and use in press releases.

Parent or legal guardian's approval:

Print name: _____

Signature: _____

Date: _____

Address and phone, if different than student's address above:

Student's Signature:

Print name: _____

Signature: _____

Date: _____