## 2018 Creative Writing Division Entry Form

**VA Staff:** Obtain additional Veteran contact information to notify Veteran(s) of the competition results.

<table>
<thead>
<tr>
<th>Category Number:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Category Name:</td>
<td></td>
</tr>
<tr>
<td>Title of Piece:</td>
<td></td>
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</tbody>
</table>

### Individual Entry – For entries submitted by one Veteran.

<table>
<thead>
<tr>
<th>Veteran Name:</th>
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<tbody>
<tr>
<td>Veteran Age:</td>
<td></td>
</tr>
<tr>
<td>Veteran Phone Number:</td>
<td></td>
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</tbody>
</table>

### Group Entry – For an entry submitted by a group of Veterans into Category #15 – Special Recognition.

<table>
<thead>
<tr>
<th>Group Name:</th>
<th></th>
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<tbody>
<tr>
<td>Number of Veteran in Group:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Last Name</th>
<th>First Name</th>
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</thead>
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</table>

**Veterans:**

I/we confirm that this piece is completely my/our own original work.

I/we have read all the rules for the Creative Writing division.

**VA Staff:**

I confirm that the Veterans entering the competition above meet eligibility criteria as specified on page 9 and are approved to enter the 2018 NVCA Competition as representatives of this VA facility and that all information has been provided.

I confirm that the Veterans entering the competition above have signed the necessary consent forms (10-3203 and if necessary, 10-5345) to enter the 2018 NVCA Competition.

**VA Facility Representing:** Cheyenne VAMC

Station Number: *(See pages 13-17 for a list of station numbers)*  442

Facility Address: 2360 East Pershing Blvd

City: Cheyenne  State: WY  Zip: 82001

VA Staff Contact Name: Shelley Shively  Routing Number: 117B

Phone Number: 307-778-7550 x7483  E-mail (Required): Shelley.shively@va.gov

________________________________________  ______________________________________
Signature of Veteran(s)  VA Staff Contact Signature