

Please complete one form for each young writer. Top-Shelf Literary Magazine collects only the information needed to verify permission and prepare accepted work for publication.

YOUNG WRITER INFORMATION

LEGAL NAME

AGE

COUNTRY

TITLE(S) OF ACCEPTED WORK

NAME TO APPEAR IN PUBLICATION - SELECT ONE

☐ Full name☐ First name and last initial☐ Approved pen name:

PARENT OR LEGAL GUARDIAN

FULL NAME

RELATIONSHIP TO WRITER

EMAIL ADDRESS

PHONE - OPTIONAL

PERMISSION AND ACKNOWLEDGMENT

I confirm that I am the parent or legal guardian of the young writer named above. I authorize Top-Shelf Literary Magazine and CopperMoon Productions to publish the accepted work on the Fresh Ink Youth webpage and in related Top-Shelf print or digital publications. I also permit brief excerpts, the approved byline, and publication images to be used to promote the work and Fresh Ink. The writer retains copyright. Top-Shelf may make minor copyediting and formatting changes while preserving the writer's meaning and voice. I understand that permission may be withdrawn before publication by contacting Top-Shelf Literary Magazine.

☐ I have read the statement above and give permission for the accepted work to be published.

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PARENT/GUARDIAN SIGNATURE OR TYPED LEGAL NAME

DATE

PRIVACY NOTE We do not publish a minor's email, phone number, home address, school name, or precise location.