

SCIENCE FICTION/FANTASY SOUTH AFRICA
SHORT STORY COMPETITION ENTRY FORM
2009

I, the undersigned author, wish to enter the SFSA Short Story Competition. I agree to abide by the rules and accept that any departure from these rules as set out will render my entry liable for disqualification.

AUTHOR'S FULL NAME: _____

POSTAL ADDRESS: _____

E.MAIL ADDRESS: _____

TELEPHONE: _____ AGE (If under 18): _____

Please indicate if you are a: Professional Writer: _____ Amateur Writer: _____

SFSA Member: _____ Non-Member: _____

1. **TITLE OF STORY:** _____

Word length : _____ Critique required: _____

South African Section: _____ **or** General Section: _____

2. **TITLE OF STORY:** _____

Word length : _____ Critique required: _____

South African Section: _____ **or** General Section: _____

3. **TITLE OF STORY:** _____

Word length : _____ Critique required: _____

South African Section: _____ **or** General Section: _____

4. **TITLE OF STORY:** _____

Word length : _____ Critique required: _____

South African Section: _____ **or** General Section: _____

5. **TITLE OF STORY:** _____

Word length : _____ Critique required: _____

South African Section: _____ **or** General Section: _____

Date: _____

Signature: _____