

# SOLA's

## 6th Annual Dixie Kane Memorial Contest

### Contest Entry, Agreement, and Release Form

Please print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Entry Title: \_\_\_\_\_

Estimated Word Count of completed novel: \_\_\_\_\_

Category:  
1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

Targeted Publisher: \_\_\_\_\_

Tell us how you heard about the Dixie Kane Contest \_\_\_\_\_

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### The Dixie Kane Memorial Contestant's Entry, Agreement, and Release Form

By my signature, I understand and agree to accept and abide by the decisions of contest officials and judges. I also accept and realize that manuscript judging is subjective by nature and shall hold harmless The Southern Louisiana Chapter of the Romance Writers of America, Inc., its contest officials and judges, should any dispute arise from my participation in The Dixie Kane Memorial Contest. I swear my work entered in this contest is original. I realize that participation does not guarantee publication of my manuscript. I further realize that my contest entry would not be accepted if I do not show my acceptance of the Contestant's Agreement and Release by my signature below.

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Signature

Date