

# AlburyCity Short Story Award 2024

Please read the [AlburyCity Short Story Award Terms and Conditions](#) prior to submitting your entry. If you experience any difficulties completing this form please contact us on 02 6023 8333 or email [wam@alburycity.nsw.gov.au](mailto:wam@alburycity.nsw.gov.au)

## Contact Details

Given name \_\_\_\_\_

Family name \_\_\_\_\_

Street address \_\_\_\_\_

Town / City \_\_\_\_\_

State \_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Short Story Details

Title of your story \_\_\_\_\_

I declare that my story is an original story. I have not copied all or part of it from a story by another author. I have not taken another author's story and put it in my own words.

I have read and agree to the AlburyCity Short Story Award Terms and Conditions

Signed

\_\_\_\_\_

Date \_\_\_\_\_