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### STORY SUBMITTAL FORM

Fill in this form completely, sign it, and submit it with your story - 500 words or less.

Please submit a legible document (print clearly or double space type would be most appreciated).

#### NAME & ADDRESS:

First \_\_\_\_\_

Last \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_

In signing this form I waive all rights, monetary or otherwise, and agree that Grace\*Happens may use the attached story in whole or in part on their website or for publication in any form.

I understand that only my first name, last initial, age, city/state and country will be used to identify me as the source of this story.

Signed \_\_\_\_\_ Date \_\_\_\_\_

[Attach story to this form and mail it to the address above]