

Minor Permission Form

Parent/Guardian Info

First Name

Last Name

Phone Number



By checking this box, I acknowledge the minor submitting her work to **Thirteen2Nineteen Literary Magazine** is under my care. I agree to hold harmless **Writes of Passage Group and Thirteen2Nineteen Literary Magazine** of anything written by my minor and published in print or online. I acknowledge to the best of my knowledge that the submission is her original, unpublished work. *

1) PRINT FORM

2) SIGN HERE: _____

3) PRINT MINOR'S NAME: _____

4) EMAIL FORM TO: writesofpassagegroup@gmail.com

THANK YOU!

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