



Peoria Public Library
The Super Scary Short Story Showcase

2025 Short Horror Story Submission Form

Author Name _____ Age _____

Mailing Address _____

City/State/Zip _____

Phone (_____) _____ - _____

Number of pages _____

Number of words _____

Age Categories:
Youth (8-12 years)
Teen (13-17 years)
Adult (18 & up)

Please adhere to the following Rules & Guidelines or your entry may not be accepted:

Format Guidelines

Maximum of 6 pages (**3 pages double-sided**) on 8 ½" x 11" paper only • Only use standard fonts (such as Arial, Calibri, Aptos, Times New Roman, etc.) • 12pt font size • Double-spaced • 1-inch margins • **Please include a title page containing the story's title and author's name or a pen-name chosen by the author** (this is not included in your page count) • Number each page • Invented spelling is accepted • Non-English text must be translated into English text on the same page

Additional Rules & Guidelines

Only one entry per person • Only single-author stories (no co-authors) • Story must be the original work of the author • **Use of copyrighted material will result in immediate disqualification** • **Primary genre of story must be horror**, but may include other genre elements (sci-fi, fantasy, etc.) • May be written in prose or verse • Children who can't write may dictate their story to be printed or typed • **Entries including hate-speech, directed harassing language, or content that can be viewed as maliciously targeting any real-life person or group will be rejected** • **Gratuitous violence and/or use of obscene language will be subject to revision on a case-by-case basis** • **Entries will not be returned, please submit a copy.**

I agree to have my work assessed by a vetting panel to determine that it is Age Category-appropriate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If requested, I agree to revise my story so it meets the Age Category requirements as prescribed by the panel	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I would like to attend the Showcase event on October 31 st , 2025	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I would like my submission to be read by me or on my behalf at the Showcase event on October 31 st , 2025	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I would like my submission to be included in the 2025 Super Scary Short Story Showcase Compilation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I acknowledge that I have read the Showcase Rules prior to signing this, and that I understand these rules	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Required

Signature OR Parent/Guardian Signature _____ Email _____

Print Parent/Guardian Name (if applicable) _____ Date _____

Entries MUST be turned in at one of the Peoria Public Library locations between 9/1/25 and 10/24/25

Peoria Main Library
8463 W. Monroe St.
Peoria, AZ 85345

Sunrise Mountain Library
21109 N. 98th Ave.
Peoria, AZ 85382