



Story Form

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IF YOU HAVE ANY QUESTIONS, PLEASE EMAIL:

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PLEASE POST YOUR COMPLETED FORM TO:

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Your Contact Details

Your Name:

Address:

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Comments:

The Story

Story Title:

Please enter the title of the story.

Written By:

Please enter the name of the person who wrote the story.

Copyright Credit:

*Please enter copyright credit.
Or leave blank.*

The Story:

Please enter your story.

More space available on the next page.

Story Usage

(Please tick) I agree by adding our story to the project, we grant Banffshire Memories free, non-exclusive usage without date restriction to reproduce, edit, publish or exhibit, on any media, the story for any purpose directly connected with the project. Writers retain the copyright of stories submitted.

The Story

The Story (continued)
Please enter your story.