Personal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The poet’s real-life identification for member status, communication with PSI, and prize money payment.  
Examples Samuel Clements, Edward Cummings, Robert Frost.*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **PAYMENT (**mark as applicable)  O $10 - I am a current member of Poetry Society of Indiana.  O $28 - I am joining Poetry Society of Indiana at this time, and including my completed membership registration form with this submission ($10 entry + $18 dues).  O $15 - I am a non-member of Poetry Society of Indiana.  ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  □ $2 - I am submitting an entry into the *Wild Card (#27)* category. | Total Payment:  $\_\_\_\_\_  (mark one)  O PayPal  O Check  O Money Order |

Total number of poems entered: \_\_\_\_\_

**Poem Entries**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  | | --- | --- | | Cat# | Poem Title, *or first line if no formal title* | | *1 :* |  | | *2 :* |  | | *3 :* |  | | *4 :* |  | | *5 :* |  | | *6 :* |  | | *7 :* |  | | *8 :* |  | | *9 :* |  | | *10 :* |  | | *11 :* |  | | *12 :* |  | | *13 :* |  | | *14 :* |  | | |  |  | | --- | --- | | Cat# | Poem Title, *or first line if no formal title* | | *15 :* |  | | *16 :* |  | | *17 :* |  | | *18 :* |  | | *19 :* |  | | *20 :* |  | | *21 :* |  | | *22 :* |  | | *23 :* |  | | *24 :* |  | | *25 :* |  | | *26 :* |  | | *27 :* |  | |