

Young Writers Online Individual Registration Form



Student Name/s:				
School:				
Year level:				
Parent/Guardian Name:				
Parent/Guardian Email :				
Phone/Mobile:				
In the table below, pl	ease indicate the numbo Collecti	er of students participati ive day.	ng and on what each	
Student Participation				
Year Group	☐ Year 6	☐ Years 7 - 8	☐ Years 9 - 12	
Number of Students participating				
Cost: \$30 per student p library appropriate to yo Semester / 6 months pe Total Cost:	our year group/s. You wi		•	

Invoicing

The Parent/Guardian will be invoiced based on the details provided above. If you would like another person to be contacted for payment, please write their details below. Please note invoices will be sent at the end of each semester.

Contact Person:		
Email Address:		
In the boxes below please	e tick your chosen authors in the	e appropriate year group.
	Author Library	
Year 6	Years 7 - 8	Years 9 -12
☐ James Foley (WA)	☐ Brian Falkner (QLD)	□ AJ Betts (WA)
☐ Deb Abela (NSW)	☐ Barry Jonsberg (NT)	☐ Anthony Eaton (ACT)
☐ Deb Fitzpatrick (WA)	☐ Dianne Wolfer (WA)	☐ Isobelle Carmody (QLD)
☐ Meg McKinlay (WA)	☐ Scot Gardner (VIC)	☐ Mark Smith (VIC)
		☐ Meg McKinlay (WA)
		☐ Michael Pryor (VIC)
		☐ Scot Gardner (VIC)
To protect the intellectual right required to sign and return a they receive. The Copyright Parent/Guardian once your registereturned to writers@thelitcentre. Signed:	Copyright Acknowledgement F Acknowledgement Forms will stration form has been received	Form for each author's sessions be sent to the Coordinating
Date:		