Registration Form

Young Writers Workshop July 11-15, 2016

Last name	First name	
Home address		
Home phone		
Name of current school	Current grade	
Name of parent or guardian**		
Parent or guardian e-mail		
Work phone number of parent or guar	dian	
Name and email of reference (should	be teacher, principal, or another	adult who is not a family member)
Assistance for participants with disabil	lities/dietary requirements:	
Please indicate any special requireme	ents and assistance needed (use	additional paper as needed):
**In cases of joint custody, please list workshop.	the parent/guardian who the child	d will reside with at the time of the
Send completed application (registrati	on form and applicant's 150-word	d statement of interest) to:
Young Writers' Workshop Attention: Katy Karlin Kansas State University Department of English 108 ECS Manhattan, KS 66506		
or via email to klkarlin@ksu.edu		

Application deadline for priority consideration: May 15, 2016

3/2016