Registration Form

Young Writers Workshop July 7-11, 2014

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 guardian		-
Name and email of reference (should be te	eacher, principal, or another	adult who is not a family member)
Assistance for participants with disabilities/	dietary requirements:	
Please indicate any special requirements a	and assistance needed (use	additional paper as needed):
**In cases of joint custody, please list the pworkshop.	parent/guardian who the chil	d will reside with at the time of the
Send completed application (registration for	orm and applicant's 150-wor	d statement of interest) to:
Young Writers' Workshop Attention: Katy Karlin Kansas State University Department of English 108 ECS Manhattan, KS 66506		

Application deadline for priority consideration: June 1, 2014