



Young Writers Association Writing Workshop registration
www.ywalane.org

Student name: _____

Which workshop: _____

Age: _____ Grade: _____

School: _____

Parent/guardian Name(s): _____

Address: _____

City: _____ Zip: _____

Phone (hm): _____ (wk): _____ (cell): _____

Email(s): _____

Emergency contact: name: _____

phone: _____

Tuition: paid _____ for _____ term(s) Date: _____

Sponsor a student: 1/2 _____ or full _____ tuition
Note: sponsorship is a tax-deductible donation to YWA

Write check out to YWA and send with registration form to:
YWA/Workshops
POB 51538
Eugene, OR 97405

Please list, sign & attach any special authorizations in the space below-- (i.e.: permission for student to stay in bookstore after writing instructor leaves; adults besides those listed above authorized to pick up student; permission for student to wait for parent/guardian outside of bookstore, or to walk, bike or city bus home):