

**Young Writers Association
after school writing workshop registration**



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: _____ Date: _____

Write check out to YWA and send with registration form to:

YWA/Workshops
POB 51538
Eugene, OR 97405

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