Registration form for:



**Writers Rock Program**

**January 7, 2017 – June 17, 2016**

**Enoch Pratt Library – Weaverly Branch**

**400 E 33rd St, Baltimore, MD 21218**

**\*\*\* Students must pre-register with this form. Registration**

**must be submitted no later than November 30, 2016**

**Email:pjohnson@youthwriterschallenge.org or fax form to 443-757-1011**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grades 4th- 6th \_\_\_\_\_\_\_\_\_\_ Grades 7-9th\_\_\_\_\_\_\_\_\_\_\_\_\_ Grades 9th– 12th \_\_\_\_\_\_\_\_\_\_\_

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* Important things to remember\*\***

* Writers Rock Program meets every Saturday from January 7, 2017 until June 17, 2017
* Writers Rock Program meets every Saturday from10:00am until 1:00pm
* Each student will be required to sign a Behavioral Contract
* Each parent and student will be required to sign a confidential agreement
* Each student will submit a photo and short bio(300 words or less) for website

Youth Writers Rock Tee Shirt Size S\_\_\_\_\_ M\_\_\_\_ L\_\_\_\_\_ XL\_\_\_\_\_

\_\_\_I herby agree that all submission is sole creations of the student.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_