



ENC'S 2ND ANNUAL YOUNG WRITERS' WORKSHOP

WHEN: JANUARY 30, 2016, 8:30 AM to 11:45 AM

WHERE: American Mountaineering Center

ENC Telephone: 800-978-4290 or 720-354-1444

Grades - 10 to 12 & Adults - Author Christine Liu Perkins

Grades - 10 to 12 & Adults - Author Laura Padgett

Grades - 7 to 9 - Author Cheryl Reifsnyder

Grades - 3 to 6 - Author Jody Thomas

Grades - K to 2 - Willow George Seely

Space is Limited.

Application: _____

DATE

Applicant Name: _____
 LAST _____ FIRST _____ MIDDLE _____

Home Address: _____
 STREET/P.O. BOX NUMBER _____ CITY _____ STATE _____ ZIP CODE _____

Phone Number: (____) - _____ Date of Birth: _____ - _____ - _____
 MONTH DAY YEAR _____
 Gender: () Male () Female

Your E-mail Address: _____ School Name: _____

School Address: _____
 STREET/P.O. BOX NUMBER _____ CITY _____ STATE _____ ZIP CODE _____

Current Year in School: () Kindergarten, () First, () Second, () Third, () Fourth,
 () Fifth, () Sixth, () Seventh, () Eighth Grade, () freshman, () sophomore, () junior,
 () senior

Academic Interests: _____

Extracurricular Interests: _____

How did you first hear of this ENC Writing Workshop (check as many as apply to you)?

() ENC Writing Workshop brochure, () This workshop's brochure, () Teacher, (Area: _____)
 () School guidance counselor, () Google or internet, () From a friend, () Parent or guardian, () From a previous participant (Name & year attended: _____,) () Other (please specify,) _____

Guardian's consent: As the parent or guardian of the applicant, I hereby give him or her my permission to participate in this writing workshop of the ENC Writing Workshop for their age group. I understand that upon registering for this workshop, my child will become subject to the regulations of the seminar at which this workshop is located for the duration of the workshop. I also agree to all terms of the publication release form, attached.

As parent/guardian, I hereby release and waive any and all claims against ENC (Education Nonprofit Corporation) and their volunteers and workers, for any and all claims of any type of nature. I acknowledge that ENC is a volunteer nonprofit organization and I agree to indemnify and hold ENC and their volunteers and workers harmless for any and all claims through the ENC Writers Workshop.

SIGNATURE OF PARENT/GUARDIAN

DATE

In the event of an emergency, please contact guardian listed below:

NAME	PHONE	E-MAIL ADDRESS
Alternate contact:		
NAME	PHONE	E-MAIL ADDRESS

The cost of the Writers Workshop is primarily underwritten by ENC. There is a nominal admission fee of \$10.00 and payment is:

() Check enclosed herewith, or () I authorize payment of the \$10.00 fee by credit card:

Credit card number: _____ EX: _____ / _____ Sec Code: _____

Signature: _____ Date: _____

If you are unable to pay the \$10.00 fee please contact ENC for more information.

I would like to receive email notices and e-zines from ENC: _____ Yes **OR** _____ Not at this time, Thank you.