



ENC'S 3RD ANNUAL YOUNG WRITERS' WORKSHOP

WHEN: Saturday OCTOBER 22, 2016, 8:45 AM to NOON

WHERE: American Mountaineering Center

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

Grades - 8 to Adults - Author Julie Danneberg

Grades - 5 to 7 - Author Claudia Mills

Grades - K to 4 - Author Jody Thomas

Grades - K to 4 - Author Willow 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: _____ - _____ Gender: () Male () Female

MONTH DAY YEAR

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 waiver 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.