

Young Authors 2015 Student & Chaperone List

School: _____
 District: _____
 Contact Person: _____
 Contact Phone: _____
 Contact Email: _____

We are attending on:

- Monday, 3/23/15 (Gr. 2-6)
 Tuesday, 3/24/15 (Gr. 2-6)
 Wednesday, 3/25/15 (Gr. 2-6)
 Thursday, 3/26/15 (Gr. 2-6)
 Friday, 3/27/15 (Gr. 6-8)

We would like to confirm our final reservation for ____ students.

- Check here if a partial refund or change of purchase order amount is requested. Please note that no further refund requests or changes in billing amounts will be accepted after February 12, 2015; however, substitutions will be permitted.

Complete this form and return by mail, email, or fax **no later than February 12, 2015** to:
 Young Authors - NWESD - 1601 R Avenue - Anacortes, WA 98221 ~ Fax: 360-299-4070

Student Names (maximum of 7 per group)	Grade	Adult(s) Accompanying This Group	NWESD use only
1 _____	_____	Name: _____	Group # _____
2 _____	_____	Contact Phone: _____	
3 _____	_____	Check all that apply: <input type="checkbox"/> Parent <input type="checkbox"/> Staff <input type="checkbox"/> Willing to be Group Leader*	
4 _____	_____	
5 _____	_____	Name: _____	
6 _____	_____	Contact Phone: _____	
7 _____	_____	Check all that apply: <input type="checkbox"/> Parent <input type="checkbox"/> Staff <input type="checkbox"/> Willing to be Group Leader*	

* Be certain Group Leaders get handout explaining responsibilities

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