



“Art of Writing”
Tuesday, December 1, 2009
8:30 a.m. – 3:15 p.m.
Milwaukee Art Museum, Milwaukee, WI

REGISTRATION FORM

PLEASE PRINT CLEARLY

School Name: _____

School Address: _____

City: _____ State: WI Zip: _____

Principal: _____ School ☎: _____

E-mail: _____

School District: _____ County: _____

REGISTER THE FOLLOWING STUDENTS:

*One writing teacher required per 5 students to facilitate an authors group.

Student: _____ Grade: _____
Check one: author (grades 3-12) artist (grades 6-12)

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Check one: author (grades 3-12) artist (grades 6-12)

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Check one: author (grades 3-12) artist (grades 6-12)

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Check one: author (grades 3-12) artist (grades 6-12)

Student: _____ Grade: _____
Check one: author (grades 3-12) artist (grades 6-12)

*Writing Teacher who will facilitate an authors group: _____

Email: _____ Telephone: _____ Preferred grade level: _____

FEE: # _____ students X \$65.00 each = \$ _____ TOTAL DUE
Make one check payable to: *The Art of Writing*

Please complete and return this form with total registration fee to:
Young Authors and Artists Conference
c/o John Hallagan
Magee Elementary School
P.O. Box 37, Genesee Depot, WI 53127

KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

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For Office Use Only

Date Recv'd: _____

Check #: _____

Check Amount: \$ _____

Confirmation Sent: _____ [date]