



Wood Dragon Books

YOUNG AUTHOR COMPETITION 2025

Application Form

STUDENT:

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

Palliser Regional Library Card #: _____

NAME OF SCHOOL: _____

AGE AS OF SEPTEMBER 30, 2025: _____

GRADE IN SCHOOL: _____

EMAIL: _____

SIGNATURE: _____

GUARDIAN:

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

SIGNATURE: _____