



Entry Form

Young Australian Writers Awards 2007

Personal Information

First Name: Last Name:

Date of Birth: Sex:

Contact Details

Address:

Suburb or Town: State: Post Code:

Country:

Telephone: () Mobile:

Email:

Student Photo
(Optional)

School Details

School: Year Level:

Address:

Suburb or Town: State: Post Code:

Telephone: () Fax:

Teachers Name:

Entry Details

Title of Piece:

Number of Words: Category:

Age Section: Grade 3-4: Grade 5-6: Year 7-9: Year 10-12:

School Details

Name of School:

Address:

Suburb:..... State:..... Post Code:

Return Details

Please mail your piece of work with this form to:
Australian Children's Literary Board or ACLB Ltd
P.O. Box 267, Lara Vic. 3212