Young Creatives 2024 - Young Writer

* indicates a required field

Name *	Title	First Name	L	ast Name	
Age *					
	Applicants	must be aged	12-24		
Date of Birth *					
Address *	Address				
	Suburb	State Post	tcode		
	Sabarb		couc		
Phone Number *					
Email *					
Name of School					
	lf applicab	le.			
Name of Parent/					
Guardian	lf under 18	}			
Parent/Guardian Email					
	lf under 18	}			
Title of Entry *					
Inspiration *	This should	l h a an itana fua		less en Masch Lik	
			om the	inner west Lib	prary collection.
Category *	□ 16-18	years old years old years old			

Young Writers 2024 Form Preview

Attach a file: Submit your entry here * How did you find out □ At the Library about this Award? * □ Friend □ School newsletter □ Teacher □ Library What's On □ Social Media □ Entered in a previous year □ Other: Checklist * □ I study, work or live in the Inner West Council LGA and am aged between 12-24 □ My entry is solely my own work. No parts of my entry have been generated by AI \Box My entry is within +/- 10% of 1000 words. □ I have read the Terms and Conditions on the Library

website and formatted my entry accordingly understand that if I am shortlisted I will be asked to

provide a high resolution photo of myself for publication.

I, the entrant, have read and accept the Terms and Conditions on the Library website and have adhered to all.

Your Name *	Title	First Name	Last Name
Date *			
	Today's da	te	