

writer info

PERSONAL

Writer's Name _____ Age _____ Grade _____

Address _____
city _____ state _____ zip _____

School _____ Teacher _____

Teacher _____

Cell Phone () _____ Home Phone () _____

Email _____

Birthday _____ Favorite Holiday _____

Program Name

STUDIOSTL

Are you a writer? _____ If so, what do you love to write? _____
(journaling, poetry, songs, science fiction, all about me, stories, movies)

Do you prefer to write with a _____ pen, _____ pencil, _____ sharpie, _____ chalk?

Do you write better with noise _____ or _____ in silence?

Do you prefer lined paper _____ or unlined paper? _____ or no preference?

Best writing experience _____

Worst/most boring writing experience _____

Are you okay with speaking in front of a group of people? _____ yes _____ no _____ sometimes

Top Three Passions: _____

Do you like to read? _____ Best book you ever read: _____

Do you like to draw? _____ Are you a MAC or a PC? _____

Other great talents _____
(music, rock climbing, dog training)

Anything else we should know? _____

Date

_____ I would like to receive the StudioSTL monthly e-newsletter by e-mail.