2024-25 Author Readings Program Application Form



All authors must be contacted FIRST to confirm their availability before SWG proceeds with your application.

If approved, our Host Organization agrees to:

• Submit a mandatory host report within two weeks of the reading(s).

| | Yes | No | | |
|--|---|-------------------------------|--------------------|--|
| • Pay \$70 per reading to the SWG for our portion of fees upon receipt of invoice. | | | | |
| | Yes | No | | |
| Apply four we already happ | eeks in advance of the schedule ened. Yes | d event(s). SWG will not fund | readings that have | |
| • Apply with the exact date and confirmed author for the reading(s). Failure to comply will result in ineligibility. | | | | |
| | Yes | No | | |
| General Information | | | | |
| This event is: | Online | In-Person | Hybrid | |
| Host Organization: | | | | |
| Contact Person: | | | | |
| Mailing Address: | | | | |
| City: | | | | |
| Province: | | | | |
| Postal Code: | | | | |
| Phone Number: | | | | |
| Email Address: | | | | |



Audience Demographic Please indicate your organization School Library Community Age Groups Children (0-12) Youth (13-18) Older Youth (19-29) Adults Senior Citizens Do you identify with a specific cultural group? Indigenous Fransaskois Other If other, please specify:

| Requested Author Name #1 | | | | |
|---|--------|--|--|--|
| Contacted and Available? | Yes No | | | |
| Author #1 Travel estimated (return) in km | | | | |
| Exact Date for Author #1 | | | | |
| | | | | |
| Requested Author Name #2 | | | | |
| Contacted and Available? | Yes No | | | |
| Author #2 Travel estimated (return) in km | | | | |
| Exact Date for Author #2 | | | | |
| | | | | |

Additional Comments:

Please leave additional comments or notes for your application.

Please email the completed form to swgevents@skwriter.com.