## 2025-26 Author Readings Program Application Form



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

| If approved, our H                           | ost Organization agrees to  |                                  |                                  |
|--|-----------------------------|----------------------------------|----------------------------------|
| Submit a r                                   | mandatory host report with  | nin two weeks of the reading(s). |                                  |
|  | Yes                         | No                               |                                  |
| • Pay \$70 p                                 | er reading to the SWG for c | our portion of fees upon receipt | of invoice.                      |
|  | Yes                         | No                               |                                  |
| <ul> <li>Apply four already ha</li> </ul>    |                             | cheduled event(s). SWG will no   | t fund readings that have        |
| <ul> <li>Apply with ineligibility</li> </ul> |                             | med author for the reading(s). F | Failure to comply will result in |
|  | Yes                         | No                               |                                  |
| General Informati                            | ion                         |                                  |                                  |
| This event is:                               | Online                      | In-Person                        | Hybrid                           |
| Host Organization                            | :                           |                                  |                                  |
| Contact Person:                              |                             |                                  |                                  |
| Mailing Address:                             |                             |                                  |                                  |
| City:  |                             |                                  |                                  |
| Province:                                    |                             |                                  |                                  |
| Postal Code:                                 |                             |                                  |                                  |
| Phone Number:                                |                             |                                  |                                  |
| Email Address:                               |                             |                                  |                                  |

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| Audience Demographic   |
|--|
| Please indicate your organization  |
| School 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:   |
| Program Information  |
| Please note: If you are requesting one author for two different readings, please enter their information in both fields (author #1 and author #2). |
| 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.  |