



## Write A Book Project Application Form 2010

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Details of Participating Classes

| Teacher Name | Class | No of Students |
|--------------|-------|----------------|
| _____        | _____ | _____          |
| _____        | _____ | _____          |
| _____        | _____ | _____          |
| _____        | _____ | _____          |

Please return this form to the Galway Education Centre, Cluain Mhuire, Wellpark,  
Galway. Tel: 091 – 745605 Fax: 091 – 745618  
E-mail: [info@galwayec.ie](mailto:info@galwayec.ie) Website: [www.galwaywriteabook.com](http://www.galwaywriteabook.com)

Signed: \_\_\_\_\_  
Principal

Date: \_\_\_\_\_