



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: evelynscottschool.information@ed.act.edu.au

AUTHOR AND ILLUSTRATOR VISIT – DR CAMERON STELZER

DESCRIPTION:

Evelyn Scott School will welcome author and illustrator Dr Cameron Stelzer on Friday 1 July (week 10, term 2) for an exciting literacy workshop provided to all learners from Kindergarten to Year 6. During his workshops, Dr Cameron will embark on an adventure of words, wonder and imagination. Dr Cameron will use exciting visuals, captivating stories and humorous anecdotes to explore story planning, character creation, writing and illustration.

DATE:	Friday 1 July 2022 (Week 10 Term 2) during class time
VENUE:	Evelyn Scott School Library
COST:	Cost is \$3.50 per learner
CLASSES ATTENDING:	All learners in Kindergarten to Year 6 will attend workshops with their class
STAFF ATTENDING:	Natalie Otten and classroom teachers
NOTE & PAYMENT DUE BY:	Please return all notes and payment by Friday 24 June 2022 Notes can be returned to the front office via email: evelynscottschool.information@ed.act.edu.au or handed in to the front office by parents or learners

Kind regards,

Natalie Otten - Teacher Librarian

Natalie.otten@ed.act.edu.au



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STUDENT NAME: _____ CLASS: _____

I hereby consent to my child attending the above Evelyn Scott School activity.

Please check the appropriate boxes:

I have read and understand the attached information page for the event, and I consent to the payment.

I agree to my child participating in the activities associated with this excursion.

Is there any additional information you need to provide to support your child’s participation in this excursion?
Yes/No

PARENT NAME: _____ SIGNATURE: _____

DATE: _____

PAYMENT OPTIONS: Author and Illustrator visit – Dr Cameron Stelzer

- Pay via QuickWeb: <https://www.evelynscottschool.act.edu.au/Payment>
- Pay over the phone by Credit Card/EFTPOS (call the front office on 6142 3491)
- Credit/Debit Card (please fill in details below and return to the Front Office)

VISA MASTERCARD AMOUNT: \$3.50

 EXP ____/____

NAME ON CARD: _____ SIGNATURE: _____

STUDENT NAME: _____ CLASS: _____