

Storytelling Festival Registration Card

Festival Quality Storyteller

Child's Name: _____ Age: _____ Grade: _____

Parent's Name: _____

Child's home Address: _____

City: _____ Zip Code: _____ Home Phone: _____

School/Playground: _____

Contact Person: _____

Mailing Address: _____ Phone: _____

Name of Story: _____

Length of Story: Minutes: _____ Seconds: _____