

Registration
Deadline:
April 7, 2018

38th ANNUAL TAMPA-HILLSBOROUGH COUNTY

Storytelling Festival



Registration and Parent Consent Form

Registration (to be filled out by Storytelling Leader):

- Festival Quality
- Ambassador Quality

Evaluated by: _____ Position: _____

Child's Name: _____ Grade: _____

Title of Child's Story: _____

Length of Story: _____ Minutes _____ Seconds

School/Recreation Center/Library: _____

Contact Person: _____ Contact's Email: _____

Parent Consent (to be filled out by guardian):

My child _____ will tell his/her story at the Tampa-Hillsborough County Storytelling Festival on **April 21, 2018**.

Please schedule my child during Session 1:	9:30am – 1pm	<input type="checkbox"/>
Please schedule my child during Session 2:	2 – 5pm	<input type="checkbox"/>
Please schedule my child during either session.		<input type="checkbox"/>

Parent Name (please print): _____

Parent Signature: _____

Parent Email: _____ Phone: _____

Please e-mail completed form to falvey@HCFLGov.net
or mail to Melissa Falvey, Tampa Free Library, 102 E 7th Ave, Tampa FL 33602.