



# Tales of Times Past

Senior Storytellers Inc –..... Branch

## COMMUNITY REGISTRATION FORM

Name of Community Centre / group: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

Email: \_\_\_\_\_

Morning / afternoon tea Time: \_\_\_\_\_

### Presentation Information

Presentation Venue: \_\_\_\_\_

Storytelling Dates (2-3)      Preference 1 \_\_\_\_\_

Preference 2 \_\_\_\_\_

Preference 3 \_\_\_\_\_

### Audience Details

Proposed \_\_\_\_\_ number:

Nature of audience (i.e. senior group, general public)  
\_\_\_\_\_  
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While our presentations are on a volunteer basis, a donation is appreciated as a contribution to some of our costs.