



Tales of Times Past

Senior Storytellers Inc – Branch

PRIMARY SCHOOL REGISTRATION FORM

Name of School:

School Address:

Contact Person:

Telephone:

Email:

Morning recess time:

Story Presentation Information

Storytelling Dates (2-3) Preference

1 _____

Preference

2 _____

Preference

3 _____

Number of classes within each year group:

Year	No. of classes	Year	No. of classes	Year	No. of classes	Year	No. of classes
Pre / P		Yr 1		Yr 1/2		Yr 2	
Yr 2/3		Yr 3		Yr 3/4		Yr 4	
Yr 4/5		Yr 5		Yr 5/6		Yr 6	
Yr 6/7		Yr 7		Other		Other	

While our presentations are on a volunteer basis, a donation is appreciated as a contribution to some of our costs.