



Tales of Times Past

Senior Storytellers Inc –Branch

SECONDARY 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 age group:

Year	No. of classes	Year	No. of classes	Year	No. of classes
Yr 7		Yr 8		Yr 9	
Yr 10		Yr 11		Yr 12	
Other		Other		Other	
Other		Other		Other	

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