

Registration  
Deadline:  
**April 12, 2023**

43rd 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 29, 2023**.

Please schedule my child during Session 1:	10:00am – 1:30pm	<input type="checkbox"/>
Please schedule my child during Session 2:	1:00pm – 3:15pm	<input type="checkbox"/>
Please schedule my child during either session.		<input type="checkbox"/>

(Every effort will be made to accommodate your requested time, however it may not be possible.)

*I hereby give permission for the video of my child to be posted on the Tampa-Hillsborough County Library YouTube channel and other forms of social media.*

Parent Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Email (preferred): \_\_\_\_\_

Phone: \_\_\_\_\_

Child's T-shirt size (circle one):    YS    YM    YL    S    M    L    XL

Please e-mail completed form to: [libraryprogramming@HCFLGov.net](mailto:libraryprogramming@HCFLGov.net),

Or drop off at any public library by April 12, 2023