

2019 Davis Storytelling Festival Student Participation Form

2 students per school

To be filled out by school storytelling coordinator or teacher.

| Submitter Information | |
|---------------------------------------|-----------------------|
| School Storytelling Coordinator Name: | |
| Email: | Phone: |
| School: | |
| Student Information | |
| Student Name: | Student Name: |
| Grade: | Grade: |
| Story Title: | Story Title: |
| Length of Story: | Length of Story: |
| Teacher's Full Name: | Teacher's Full Name: |
| Teacher's Email: | Teacher's Email: |
| Parent Information | |
| Parent/Guardian Name: | Parent/Guardian Name: |
| Email: | Email: |
| Contact Phone #: | Contact Phone #: |
| Mailing Address: | Mailing Address: |
| City & Zip: | City & Zip: |

Return completed form **before December 14, 2018** to Monica Flint in the Teaching & Learning Department
mmurdock@dsdmail.net Fax: 801.402.5333