

February 3 | 10 a.m. – 4 p.m.

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# STORYTELLING FESTIVAL 2018

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

Organization/Business \_\_\_\_\_

Website \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name of Activity for Sign \_\_\_\_\_

Description of Activity

**I Need:**

Number of Tables

Number of Chairs

Electrical Outlet

Near Water

Other (please specify)