

**Online
Storytelling
Deadline:
March 5, 2025**

45th ANNUAL TAMPA-HILLSBOROUGH COUNTY

Storytelling

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):

I hereby give permission for video and photos 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 turn-in to Storytelling Leader or e-mail completed form to: tampastorytelling@gmail.com

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