

Student Registration
(To be completed by school liaison.)

*This paper form is to be filled out **only if you are unable to fill it out online**. Scan this form and email it to Melisa Swain at mswain@gvboces.org. Be sure all information is written clearly and accurately. The information on this form is used to create the program for the Genesee Valley BOCES Storytelling Festival.*

School Liaison _____
Telephone _____
School Building/District _____

Student _____ **Grade** _____

Title of Story _____

Approx. length of story: _____ **minutes**

Student _____ **Grade** _____

Title of Story _____

Approx. length of story: _____ **minutes**

Student _____ **Grade** _____

Title of Story _____

Approx. length of story: _____ **minutes**

Student _____ **Grade** _____

Title of Story _____

Approx. length of story: _____ **minutes**

Student _____ **Grade** _____

Title of Story _____

Approx. length of story: _____ **minutes**

Student _____ **Grade** _____

Title of Story _____

Approx. length of story: _____ **minutes**