

New Hampshire



Storytelling Alliance

Granite State Story Swap

Registration Form

NAME _____

ADDRESS _____

PHONE _____

EMAIL ADDRESS _____

STORYTELLER? YES ___ NO ___

NEW TO GSSS? YES ___ NO ___

TICKETS NEEDED

FULL DAY, NHSA MEMBER: # TICKETS _____ X \$15.00 EACH = \$ _____

FULL DAY, NON-MEMBER: # TICKETS _____ X \$25.00 EACH = \$ _____

AFTERNOON CONCERT ONLY: # TICKETS _____ X \$10.00 EACH = \$ _____

TOTAL # TICKETS _____

TOTAL AMOUNT ENCLOSED \$ _____

MAKE CHECK PAYABLE TO "New Hampshire Storytelling Alliance" AND MAIL TO

New Hampshire Storytelling Alliance

PO Box 64

East Andover, NH 03231