



Storytelling Workshop Booking Form

Visit organisers name _____

Name of school/organisation _____

Address of school/organisation _____

Telephone number of school/organisation _____

Email address of school/organisation _____

Email address of visitor organiser _____

Date of workshop(s) _____

Time(s) of storytelling workshop session(s) _____

Title of chosen workshop(s) _____

Number of students in each workshop session _____

Age of students in each workshop session _____

Do any students have special needs? Yes No

If so please specify _____

Number of adults supervising the students _____

Please return the completed booking form to the email address below.

Storyteller and workshop leader Dr Patricia Ealey MBE
email: talkingink@btinternet.com