

THE TEXAS STORYTELLING YOUTH OLYMPICS
Application and Permission Form



Mail entry forms to:
David Thompson - C/M 801
St Edwards University
3001 South Congress

Phone: (512) 448-8720

Name of Participant (as you wish it to appear in any press release): _____

Age Sept 1: _____ School: _____ Grade: _____

City: _____ Teacher: _____

Title of Story: _____

Author (if applicable): _____

Source(s) of Story: _____

Length of Story (in minutes): 5-6 _____ 6-7 _____ 7-8 _____ 8-9 _____ 9-10 _____

Mailing Address of Participant: _____ Apt. #: _____

City: _____, TX ZIP: _____

Telephone: _____ E-mail address: _____

Parent or Guardian (Please print): _____

Address, if different from above: _____

Permission:

_____ My child has permission to compete in the Texas Storytelling Youth Olympics, October 15, 2005 at St.Edwards University in Austin Texas..

_____ I understand that portions of the TSYO will be videotaped and that the videotape will be used for a variety of future storytelling purposes. I give permission for my child to appear in this tape.

_____ I understand that photos will also be taken on the day of the event, and I give permission for photographs in which my child appears to be used for promotion and other future storytelling events.

Signature of parent or legal guardian: _____