



## Folk Art Trunk Presentation Registration Form

Booking Date\_\_\_\_\_

Date:\_\_\_\_\_

Time:\_\_\_\_\_

School/Organization Name:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zipcode\_\_\_\_\_

Contact Person:\_\_\_\_\_

Phone Number:\_\_\_\_\_ Second Phone Number:\_\_\_\_\_

Email address:\_\_\_\_\_ Expected number of participants\_\_\_\_\_

Grade level/ Age Group\_\_\_\_\_

Docents Participating\_\_\_\_\_

Any special needs or requirements?\_\_\_\_\_

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Museum staff will call to confirm your attendance 24 hours before the presentation. If you are unable to attend or have a significant change in the number of participants please call us and let us know as soon as possible. All of our docents are volunteers and their time is invaluable to us.

