

**Puppet Show
For all ages
Registration Form
11:00 a.m.**

Name: _____

Birthdate: _____ Phone: _____

Parent/ Guardian's Name: _____

Address: _____

In case parent cannot be contacted, who should be contacted in case of emergency?

Name: _____ Phone: _____

Signature of Parent/ Guardian: _____

Please return registration to the Daniel Pierce Library, P.O. Box 268, Grahamsville, NY 12740

**Shadow Puppet Workshop
ages 10 and up
Registration Form
1:00 p.m.**

Name: _____

Birthdate: _____ age: _____ Phone: _____

Parent/ Guardian's Name: _____

Address: _____

In case parent cannot be contacted, who should be contacted in case of emergency?

Name: _____ Phone: _____

Signature of Parent/ Guardian: _____

Please return registration to the Daniel Pierce Library, P.O. Box 268, Grahamsville, NY 12740