



storytrails
INDIA



storytrails
kids

Date:

Please ✓ against the applicable choices

- I would like to register as a member of the **STORYTRAILS MOMS' CLUB.**
- I would like to be kept informed of the activities of this club.
- I would like to receive the **MONTHLY NEWSLETTER** from Storytrails
- I would be interested in associating with Storytrails as a **STORYTELLER** or in some other capacity

Name:	
Address:	
Phone No:	
E -mail:	
Profession: (Current or past)	
Any special interests/ hobbies:	
Name (s) and age (s) of children:	

Signature: