



STORYTELLING ACTIVITIES

Year:

Name:

Month:

| Date | Event name or type | Venue, town, region & postcode | No. of half day sessions | Storytelling or workshop? | Audience numbers | Audience type e.g. children/adults/families/older/special needs/minorities |
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Please return to marjory@scottishstorytellingcentre.com, or to Scottish Storytelling Centre, 43–45 High Street, Edinburgh EH1 1SR