

# Stillmeadow's 4<sup>th</sup> Annual Multicultural Night

## Participant Registration Form



**My family wants to share its cultural traditions at Multicultural Night!**

Parent Name (First, Last): \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Mobile Phone: (        ) \_\_\_\_\_

Student's Name(s) (First, Last): \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Grade(s): (circle)    K   1   2   3   4   5

Country or region you will represent: \_\_\_\_\_

How do you plan to showcase your ethnicity or culture\*? (check all that apply).

- |  |  |
|--|--|
| <input type="checkbox"/> Prepare special foods to share              | <input type="checkbox"/> Create a trifold display with information about your country of origin, cultural traditions, or ancestry. |
| <input type="checkbox"/> Wear/model traditional clothing             |  |
| <input type="checkbox"/> Demonstrate a traditional craft or art form | <input type="checkbox"/> Perform a traditional song or dance*  |
| <input type="checkbox"/> Lead a traditional game or activity         | <input type="checkbox"/> Other   |

\*All activities except song and dance performances take place at tables. Performances take place on stage.

Are you planning to team with other families from your country or region? (circle one)    Yes    No

**Return this form to school by Friday, January 17**