



Connecting teens to community, resources, services, and support.



Best Southwest “Everything Teen Expo 2019”

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SCHOOL VENDOR & PERFORMANCE REGISTRATION

SPACE IS LIMITED – SIGN UP NOW!

Registration Deadline Mar. 20

SATURDAY, APRIL 27 | 10 AM – 3:00 PM | DESOTO TOWN CENTER, 211 E PLEASANT RUN RD

Please return completed form via e-mail to: mrunnels@desototexas.gov or via fax to: 972.230.5797.

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Teacher/Director Name: _____

Teacher/Director Cell Phone: _____

Teacher/Director Email: _____

Name of School Group/Organization: _____

Type of School Group/Organization:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Math |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Science |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Social |
| <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Other |
| <input type="checkbox"/> Leadership | |

If other, please explain: _____

Vendor Table:

Yes, we would like a vendor table

No, we would not like a vendor table

Number of Students: _____

Number of Chaperones/Adults: _____

Each school will be given a 6' X 2 ½' rectangular table and two chairs. Feel free to decorate as you wish. You will not have a large area as we are opting for close proximity to encourage connection and total immersion. Please consider signage that is appropriately sized for a table. Tablecloths will not be provided but you are welcome to bring your own.

Performance:

Yes, we would like to perform

No, we will not perform

Type of Group Performance:

- Chorus
- Concert Band
- Jazz Band
- Marching Band
- Dance Ensemble
- Cheer Performance
- Drama Performance
- Other

If other, please explain: _____

Duration of Performance Time:

5 - 10 min.

15 – 20 min.

10 - 15 min.

25 - 30 min.

Number of Performers: _____

Number of Chaperones/Adults: _____

Special Set-up Needs:

Motivational Speaker/Workshop:

Name of Speaker(s)/Organization/Group/Club:

Name of Workshop:

Speaker/Workshop Topic (please provide details):

Mail, fax or email form to:

DeSoto Public Library
Attn: Marq Runnels
211 E. Pleasant Run Road Suite C
DeSoto, Texas 75115
Ph: 972.230.9663
Fax: 972.230.5797
mrunnels@desototexas.gov

