**Dallas Children’s Theater Partner Participation Form**

**So that we can have a complete accounting of this initiative, we would be grateful if you would send the following details to coy.covington@dct.org:**

1. **Name of Group:**
2. **Date of Event:**
3. **Which play did your Group watch?**
4. **Number of Adults Participating:**
5. **Number of Youth (under 18) Participating:**
6. **How many male Youth? How many female Youth?**
7. **Any takeaways or other comments (feel free to continue on second sheet):**

**Additional Comments**