Strathbungo Spring Fling
Art Competition Entry Form
Age Group: 5 - 8 years

ENTRY	
NUMBER:	

NAME:	(please print)	AGE:	
ADDRESS:	TEL.:		
	(we need a co	ntact telephone to advise winners)	
PARENT/CARER PERMISSION	TO ENTER:		
I agree to my son/daughter, name any activity undertaken by them a	d above, entering the art competition and as part of the competition.	I agree to ensure their safety throughout	
NAME:	(PRINT)		
NAME:	(SIGN)		
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(SIGN)

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