

Strathbungo Spring Fling
Art Competition Entry Form
Age Group: 9 - 12

ENTRY
NUMBER:

NAME: _____ (please print) AGE: _____

ADDRESS: _____ TEL.: _____

_____ (we need a contact telephone to advise winners)

PARENT/CARER PERMISSION TO ENTER:

I agree to my son/daughter, named above, entering the art competition and I agree to ensure their safety throughout any activity undertaken by them as part of the competition.

NAME: _____ (PRINT)

NAME: _____ (SIGN)

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