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

ENTRY NUMBER:

NAME: _____(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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