***Parent/Guardian Permission Slip***

***For Katherine Fletcher MP’s Creative Arts Competition***

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| Participant Name: |  |

I give permission for my child to participate in South Ribble Creative Arts Competition organised by the office of Katherine Fletcher MP. I have read the terms & conditions for the Art Competition and agree with them. By signing this form I give the office of Katherine Fletcher MP the permission to use my child’s artwork and photograph in their Social Media, Website, Newsletter and any Campaigning material.

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| Signature of Parent or Legal Guardian: |  |
| Printed name of Parent or Guardian: |  |
| Date: |  |

***Contact Information***

***Parent(s)/Guardian(s)***

|  |  |
| --- | --- |
| Name: |  |
| Phone Number: |  |
| Email Address: |  |
| Street Address: |  |
| City: |  |
| Postcode: |  |