

MAPPING HOUMET PARADIS DRAWING WORKSHOPS



Name _____ Age _____

Address _____

_____ Postcode _____

Email _____ Tel _____

Name of accompanying adult _____

In case of emergency

Name _____ Relationship (e.g. Mum) _____

Contact number _____

Media release

I, _____ (name) give my consent for _____ to be photographed, filmed or interviewed during this workshop. I understand that these images may be used by the Guernsey Arts Commission to publicise future events and as a record of the workshop.

Signed _____ Relationship _____

Please return your form to Laura Simpson at the address shown here. Your place will be secured on the receipt of your form and we will confirm your place by email.

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