

SHOE FITTING WEEK

COLOURING COMPETITION 2014

ENTRY FORM

The following child has been given permission to enter this competition:

Child's name:

Child's address:

Child's Age:

Child's Date of Birth:

(Please circle one of the following as appropriate)

I am the Parent

I am the Guardian

My name is:

Address (if different to above)

.....

CONTACT TEL. NO.:

Rules/Terms: *No purchase necessary. The judge's decision is final. No correspondence will be entered into. Entries must be received instore no later than 21st April 2014. Entries may be publicly displayed. Entries become the property of the store. The winner/s will be publicised instore within 14 days of the deadline and we shall use the contact information given by the winner/s to inform them accordingly.*

I hereby give permission for the above child who is my responsibility, to enter this competition. I fully understand and accept the rules, terms and conditions.

(Parent/Guardian signature as named above)

SIGNED: DATE: