

EVENT REGISTRATION

Event title _____

Date _____

Name _____

Media/Parent/Guardian _____

Address _____

Telephone _____

Purpose of photography/filming _____

I wish to take photographs or record images at this event. I agree to abide by the event organisers' guidelines and confirm that the photographs or recorded images will only be used appropriately.

Signed _____

Please complete this registration form and return to the event organiser.