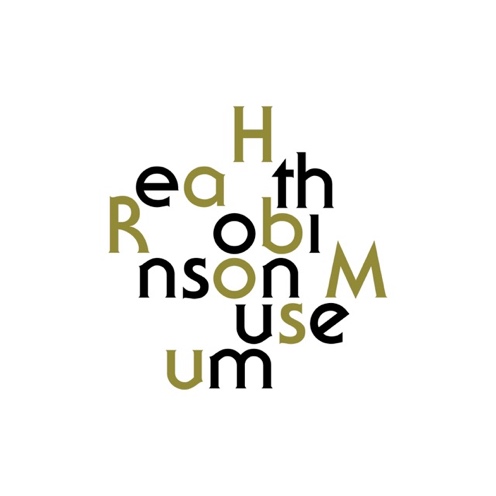
****

**Heath Robinson Museum**

**Competition entry form**

First Name:

Last Name:

Date of Birth (dd/mm/yy)

Age category (based on educational stage)

5-7yrs  8-10 yrs  11-14 yrs

15-18 yrs

Address:

Postcode:

Tel:       email

I consent to the use of my child’s name and image and that of their entry for the purposes of publicity by the Heath Robinson Museum. Yes

Parent/Guardian

Name:

Tel: