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**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: