



# Registration Form

## School Information

School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Teacher/Applicant Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Student year group(s): \_\_\_\_\_

Number of students: \_\_\_\_\_

\_\_\_\_\_

By completing and returning this form you agree to the terms and conditions of the competition including agreeing to photos of the work being used for marketing purposes.