



**Autumn Bookmark Competition 2018
November 2018**

Please complete in **BLOCK CAPITALS**

SURNAME:.....

FORENAME:.....

ADDRESS:.....

.....

TELEPHONE (S):.....

E-MAIL:.....

DATE OF BIRTH:.....

(IF UNDER 18 AS AT 5th NOVEMBER 2018)

I have read and agree to the rules and conditions of the Bookmark Competition.

Signature:.....

Date:.....

Signature of Parent/Guardian:.....
(if entrant is under 18 years of age)

Name:.....**Date:**.....

OFFICIAL USE	
Entry Form Complete:	<input type="checkbox"/>