

REGISTRATION FORM

Name of Parent/Carer 1:

Name of Parent/Carer:
(if applicable)

Name of Child 1:
(child with DS)

Date of Birth:

Name of Child 2:

Date of Birth:

Name of Child 3:

Date of Birth:

Name of Child 4:

Date of Birth:

Name of Child 5:

Date of Birth:

Address:

Telephone:

Mobile Tel:

Email:

Are you happy for us to take photographs of you/your family during any events, to be used for publicity, on the NDSSG Website, and as a general reminder of the events? Yes No

THANK YOU!