PARTICIPANT REGISTRATION



To be completed by a parent or guardian of participants under 18 years

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| --- | --- | --- | --- | --- | --- |
| **NAME** | **POST CODE** | **E-MAIL ADDRESS** | **PHONE NUMBER** | **GENDER** | **AGE**Please tick appropriate box |
| Male | Female | Other | 0-9 | 10-17 | 18-24 | 25-34 | 35-49 | 50-59 | 60+ |
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