



Pain Clinic Naming and Art Competition Entry Form

Please print and complete in BLOCK CAPITALS

A Parent or Legal Guardian must complete this form for their child to enter the Pain Clinic Naming and Art Competition, regardless of whether the entry is submitted through the child's school or independently.

If the entry is submitted through the school, an appropriate School Representative must provide consent for the school's inclusion in publicity material.

Entries will only be accepted with a signed copy of this form.

Forms may be submitted with artwork by post or by emailing a scanned version.

Parent or Legal Guardian

| | |
|-----------------------|--|
| Name of Child | |
| Child's Date of Birth | |
| Child's School | |

I, the undersigned, consent to my child participating in the Pain Clinic Naming and Art competition. I authorise the submission of my child's personal information for administration purposes and understand that identifiable details, including photos and/or videos, may be published. I agree to the competition's terms and conditions.

| | |
|-----------------------|--|
| Signed | |
| Print Name | |
| Date | |
| Relationship to Child | |
| Email address | |
| Telephone Number | |





School representative

I, the undersigned, give my consent for the publication of identifiable details, which can include photograph(s) and/or videos.

| | |
|------------------|--|
| School Name | |
| Signed | |
| Print Name | |
| Date | |
| Role | |
| Email address | |
| Telephone Number | |





Competition Entry

| | |
|---------------------------------------------------|--|
| Pain Clinic Name | |
| Treatment Room 1 Name | |
| Treatment Room 2 Name | |
| Treatment Room 3 Name | |
| Treatment Room 4 Name | |
| Treatment Room 5 Name | |
| Treatment Room 6 Name | |
| Artwork Name (an A4-sized drawing or painting) | |

How to enter

By Post

Send artwork and entry form by post. It's important to include the correct stamp value on the front of the envelope:

Pain Clinic Competition,
The League of Friends, Teddington Memorial Hospital,
Hampton Road,
Teddington, Middlesex,
TW11 0JL

By Email

Scan artwork and entry form and email to comms@friends-tmh.co.uk

Please see our competition rules and criteria for judging at <https://friends-tmh.co.uk/pain-clinic-naming-competition-rules-and-judging-criteria/>

The competition closes on **24 July 2024 at 11:59.**

Good luck!

