

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 Friends of Teddington Memorial Hospital 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 completed and signed copy of this Entry Form. You can photocopy this form or download it from https://friends-tmh.co.uk/pain-clinic-naming-competition/.

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

Parent or Legal Guardian

Child's Date of Birth

Name of Child

Child's School	
competition. I authoris administration purpos	nsent to my child participating in the Pain Clinic Naming and Art see the submission of my child's personal information for ses and understand that identifiable details, including photos published. I agree to the competition's terms and conditions.
Signed	
Print Name	
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Date	
Relationship to Child	
Email address	
Telephone Number	





School representative (if entry submitted by school)

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

Please submit to us:

- One excellent name for the Pain Clinic and/or
- Six distinctive and engaging names for each of the treatment rooms within the Pain Clinic and/or
- An A4-sized drawing or painting that celebrates how the new Pain Clinic improves people's well-being and happiness.

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 OJL

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 3 November 2024 at 11:59.

Good luck!

