

# ENTRY FORM

Fill in this form and send it with your video before 27 October through WeTransfer!  
NB: if more than 4 participants, please attach a document listing the names of all participating pupils.

## OPTION 1: INDIVIDUAL ENTRY

Surname ..... First Name .....  
Age ..... Class .....  
School .....  
Telephone ..... Email .....  
Address .....  
.....  
How did you find out about the competition? .....  
.....  
.....

## OPTION 2: GROUP ENTRY

Total number of participants: .....

### Participant 1

Surname .....  
First Name .....  
Age .....  
Class .....

### Participant 2

Surname .....  
First Name .....  
Age .....  
Class .....

### Participant 3

Surname .....  
First Name .....  
Age .....  
Class .....

### Participant 4

Surname .....  
First Name .....  
Age .....  
Class .....

## Contact details of teacher or parent responsible for group entry:

School .....  
Surname ..... First Name .....  
E-mail ..... Telephone .....  
Address .....  
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