

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
.....