**BRINKLOW SCARECROW FESTIVAL 2019**

**Act Application - £2 per Act**

**Contact Information**

Name ...................................................... Age .............................

Address ............................................................................................

.............................................................................................

Telephone Home/Mobile.......................................................................

Email .............................................................................................

**Age Category**

Under 7 years ...........................................

8-12 years ...........................................

13-16 years ...........................................

Over 16 years ...........................................

**Name and Description of Act**

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**Parental Consent to Perform if Under 18 years**

Child’s Name ..................................................... Age........................

Parents Name ............................................................................

Parents Signature ............................................................................

Date ............................................................................

**Consent to publicise information directly involving BGT – Yes or No**

Social media ........... Radio.......... Television.......... Newspapers..........

Signature(Parent’s if under 18) .........................................................

Date ..........................................................