# Please fill in the details below (including the participant information on the next page):

|  |  |
| --- | --- |
| **Date and location** | **FILL IN RELEVANT DETAILS IN THIS COLUMN** |
| **Members of Get OWT! team** |  |
| **Total number of people at Get OWT! (including team members)** |  |
| **Total from donations** |  |

**Signed by team member......................................... Get OWT! team leader........................................................**

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| Name of child | Name of parent/carer | Parent/carer’s contact number | Photo consent (Y/N)? |
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