GROUP PHOTOGRAPHY & VIDEOGRAPHY PERMIT

PERMIT VALID FOR THE COMPETITION & COMPETITIOR SPECIFIED ONLY

NAME_____ BRANCH_____CCÉ

ADDRESS_____

_____ POSTCODE_____

COMPETITION TO RECORD_____ AGE GROUP_____

COMPETITOR NAME_____ BRANCH_____CCÉ

SIGNED_____ DATE_____

SIGNATURES OF GUARDIANS OF COMPETITORS INVOLVED_____

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SIGNED BY FLEADH OFFICE_____ DATE_____