

## Dear 2020 Project Consent Form

Name of entrant:

Age:

Date of Birth:

Do you:

Live in Lewisham?

Address:

Work in Lewisham?

Address of workplace:

Study in Lewisham?

Address of school or college:

Please note, you must either live, work or study in Lewisham to enter. You may be required to provide proof of your eligibility if requested.

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**If you are entering the 11-13 or 14-17 age group, please ask a parent or guardian to complete the following section:**

Name of Parent or Guardian:

Contact Number of Parent or Guardian:

Email address of Parent of Guardian:

I consent that my child, named above, can enter the Dear 2020 Project competition and that I have read and agree to the full terms and conditions (which can be found at [www.dear2020.writesparks.co.uk](http://www.dear2020.writesparks.co.uk) ).

Signature of Parent/Guardian:

Date:

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**If you are entering the 18-25 age group, please complete the following section:**

Your Contact Number:

Your Email Address:

I consent that I wish to enter the Dear 2020 Project competition and that I have read and agree to the full terms and conditions (which can be found at [www.dear2020.writesparks.co.uk](http://www.dear2020.writesparks.co.uk) ).

Full name:

Signature:

Date:

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**Please send this consent form with your entry to [dear2020@writesparks.co.uk](mailto:dear2020@writesparks.co.uk) or by post or hand-delivery to Dear 2020 Project, Write Sparks, Moon Lane Books, 300 Stanstead Road, London, SE23 1DE. Entries without a consent form will not be considered.**