

**Dear 2020 Project  
Zine Consent Form**

Name of entrant:

Age:

Date of Birth:

**If you are under 18, 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 and that I have read and agree to the full terms and conditions (which can be found at [www.dear2020.writesparks.co.uk/dear-2020-zine/](http://www.dear2020.writesparks.co.uk/dear-2020-zine/) ).

Signature of Parent/Guardian:

Date:

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**If you are over 18, please complete the following section:**

Your Contact Number:

Your Email Address:

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

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)**

**Entries without a consent form will not be considered.**