



poster competition application form

All fields are required unless otherwise noted.

Personal and Contact Information

Entrant surname _____ First name _____

Entrant date of birth (day) _____ (month) _____ (year) _____

Parent/guardian contact name _____

Parent/guardian contact phone number _____

Parent/guardian contact email address (optional) _____

Flat/House number and street name _____

Town/City _____ Postcode _____

School Information

School where entrant is enrolled at time of application _____

Town/City _____ Post Code _____ Phone Number _____

Authorisation

I, _____ (name of parent/guardian of entrant), have read and fully understood the competition conditions of entry. I have the authority to grant permission for the entrant to enter this competition in accordance with the conditions of entry and I hereby give that permission.

Signature of parent/guardian _____ Date _____

This form must be accompanied by an original poster entry for the suds! Competition. The application form and entry may be submitted in one of the following ways: electronically in a PDF or format compatible with Microsoft Office; or by post. Electronic submissions must be emailed to sudscompetition@lshtm.ac.uk. Postal entries must be posted to suds! Competition, c/o Press Office, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT. No entries will be returned. Please see conditions of entry for further information.