

Ledbury Rugby Club

# EVENT REGISTRATION

Event title \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Media/Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Purpose of photography/filming \_\_\_\_\_

I wish to take photographs or record images at this event. I agree to abide by the event organisers' guidelines and confirm that the photographs or recorded images will only be used appropriately.

Signed \_\_\_\_\_

**Please complete this registration form and return to the event organiser.**