

REGISTRATION FORM

I, _____ parent/guardian of _____ would like to enter my child in the **FACE OF THE MONTH** competition.

NAME	
SURNAME	
AGE	
GENDER	

My child enjoys -

How the competition will work:

Entry costs R100.

Payment needs to be made before we post your child's picture.

Proof of payment can be sent to finance@downs.org.za.

Each entrant will be posted on our Facebook page and will share it on all our groups and pages. Only the likes on the original post will be counted. The entrant with the most likes will be the Monthly winner.

The winner will be the **face of our Facebook page**, will be on the **front page of our Newsletter** and will be **featured on our website homepage** with a write up about who they are and what their dreams are.

They will also be **the face of the month in our 2021 Down Syndrome Association Calendar**.

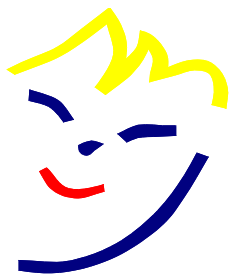
Entries close on 20th of each month. If you miss the deadline for a month, your child will be entered into the following months contest.

Please sign and send back to dsat@downs.org.za.

Signed on this _____ day of _____ 2020.

Parent/Guardian: _____

Banking details: Down Syndrome Association Pretoria / Tshwane, ABSA bank, Br code 632005, Cheque account 1500280537



CONSENT FORM

As parents / guardians of

(full name and surname of participant)

I / we _____

(full names, surnames and ID no. of the parent(s) / guardian(s))

acknowledge that:

Down Syndrome Pretoria / Tshwane will own the right to any photographic images sent to them.

Will be allowed to share the pictures on all social media platforms.

Signed on this _____ day of _____ 2020.

Parent/Guardian: _____