

## **Entry Form**

**Please complete legibly using block letters.**

Parent/Legal Guardian's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

### **I hereby declare that:**

- I am of legal age.
- I have read and understood the General Terms and Conditions for Use of the Smok Fałęcki Play Area and the information regarding the processing of personal data.
- The provided data is true.

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Date

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Signature