THE FOLLOWING MUST BE COMPLETED & SIGNED

☐ Please tick this box if you **DO CONSENT** to your child being photographed and images used as indicated in the provided link overleaf (retained by yourself)

☐ Please tick this box if you **DO NOT** wish your child to be photographed and images used as indicated in the provided link overleaf (retained by yourself)

☐ Please add me to your mailing list to receive information about future training opportunities, tournament and events

☐ I have read and understood the links provided regarding the privacy notice when making this application

Signature of parent/carer  ............................................................................................

Date  .............................................................................................

Please return entry Form with payment

- £5 per player for singles entry
- £5 per player for doubles entry

to Joan Prieur,
Active Communities Sports Officer,
Aberdeenshire Council,
Bath Street
Stonehaven,
AB39 2DH
Telephone: 01467 539019
Mobile: 07860 554757
Email: joan.prieur@aberdeenshire.gov.uk

Cheques made payable to Aberdeenshire Council
Closing Date 26:02:20:


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**North East Primary Schools**

**Singles & Doubles**

**Badminton Championships**

**Sunday 1 March 2020**

Portlethen Academy, Bruntland Road, Portlethen, AB12 4QL

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**Closing Dates for entries 26 February 2020**

**Please Note:**
This tournament is also a qualifier for players to represent North East Schools at the SSBU National Championships at Bells Sport Centre Perth on the 2 May 2020.
Entry Form
Primary School Badminton Championships
Sunday 1 March 2020

Please complete form in BLOCK CAPITALS

Name ...........................................................................................................................
Address ...........................................................................................................................
Post Code ....................................................................................................................
Tel no ............................................................................................................................
e-mail ..........................................................................................................................
Gender .........................................................................................................................
Age ............................................................ Date of Birth ......................................
School ............................................................ School Year .................................

Please tick box to indicate events entered

SINGLES £5.00 [ ]
DOUBLES £5.00/player [ ]

DOUBLE PARTNERS NAME
(must be from same school)

Please give details of any special needs the organiser should know about

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Emergency contact during time of competition
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Signature of parent/carer ..............................................................................................

Date .............................................................................................................................

Please turn over...