



Map of Atkinson's Travels Competition Entry Form

This form should be filled in by someone who is willing to be contacted by BAYD about this competition.

Please write the names of all the people who have worked on this entry in the table below and tick the appropriate boxes to tell us which age group each person is in. (If only one entrant has worked on the entry, please put their name and age in the first row of the table.)

Name	Age			
	7 or under	8-11	12-17	18 or over

Contact Details of Contact Person

Full Name:
Address:
Postcode:
Telephone No: Email Address:
Relationship to the team (if not a team member)
I have read and understood the terms and conditions of entry to this competition and declare that this entrant/team has complied with these terms and conditions.

Signed:	Date:
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