



Team 20 Under18s Application Form

Full Name		
Date of Birth		
Address		
Postcode		
E-mail		
Telephone Number		
School/College		
		-A-Way to contact me with messages and updates relating to the charities' ng Team 20 and other specific content I may be interested in."
Γick all that ap	ply:	
E-mail		
Post		
SMS/Phone		
specific messages.	You have i	not be passed or sold to anyone and we will only use your details to update you with Dream-A-Way the right to opt out at any time. I and pledge to raise at least £20 for Dream-A-Way in 2015"
Signed:		





Parent / Guardian Details

Full Name	
Address	
Postcode	
E-mail	
Telephone Number	
ed in. I understand tha	activities including Team 20 and other specific content they may be interest- t all content will be appropriate for viewing by minors. I consent for Dream-A- oung person's name, age and school/college details on the Dream-A-Way
Signed:	-A-Way to contact the above named person by:"
Signed:	,
Signed: 'I am happy for Dream Tick all that apply:	,

Please return this form to Dream-A-Way, 20 Lime Grove, EXMINSTER, EX6 8TB or by email to chairman@dream-a-way.org