**Action Duchenne Design Competition Entry Form**

Name:

Age:

Your connection with Duchenne: (e.g living with DMD; sibling; friend etc.)

In 100 words or under tell us a bit about yourself and/ or your design.

Permission:

I grant full rights to Action Duchenne to use the images submitted for the competition for fundraising, publicity or other purposes to help achieve the charity’s aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

| Name of child/ young person |   |
| --- | --- |
| Name of parent / guardian(for entry’s under 18years) |  Do you have parental responsibility **yes / no** |
| Email |   |
| Telephone number |   |
| Signature and Date  |  |
| Print name  |  |