



THE SQUASH WALES PHOTOGRAPHY CONSENT FORM



PART A

Tournament:	
Venue(s):	Dates:

PART B

Title:	First Name:	Surname:
Address:		Postcode:
		Postcode must be completed
Date of Birth:	Sex:	MALE/FEMALE*

*Please delete as appropriate

CONFIRMATION OF IDENTITY

I confirm that I have seen identification documents relating to this person

Signature of Tournament Director/Organiser.....

PRINT NAME.....

SIGNATURE OF APPROVAL FOR CONSENT

Signature of Tournament Director.....

PRINT NAME.....
