

APPLICATION FORM

Pope John Paul II Award

Participant

Name			
Address			
		Postcode	
Parish attended			
Tel.			
Email			
D.O.B			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Bronze Award	<input type="checkbox"/>	Silver Award	<input type="checkbox"/>
		Gold Award	<input type="checkbox"/>
		Papal Cross Award	<input type="checkbox"/>

Award Leader

Name			
School/Parish			
Address			
		Postcode	
Tel.			
Fax.			
Email			
Signature			

Parent/Guardian Consent

I _____ (Parent/Guardian)
give permission for my child to participate in the Pope John Paul II Award.

Signature (Parent/Guardian)	
Date	

Please return completed Application Form with £10/€15 entry fee to the designated Award Leader in your school/parish.