

ATTENDEE CONSENT FORM

Please complete the table below for all attendees and return 7 days prior to party date. Thank you

Party Date _____

Booker's Name _____

Please complete the following information for all attendees.

Allergies / Dietary Requirement : let us know if any children have **allergies or skin conditions** including, Warts, Verrucas, Headlice, Impetigo or any other contagious infections. We also need to know if any children have **dietary requirements or food allergies**.

Photography consent: Please tick in the box if we have consent for photographs and videography to be taken at Delightful Divas Ltd and to be used on our website and/or in marketing including social media.

| | Child Name | Child Age | Allergies / Dietary Requirements? | Photography consent? |
|----|------------|-----------|-----------------------------------|----------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |

Signed (parent / guardian) _____

Print Name _____

Date _____

Return to booking@delightfuldivas.co.uk

OR by post to Delightful Divas, 90, Main Street, Bingley, BD16 2JH

