

All about YOU

Your Name:			
Your Address:			
		Postcode:	
Telephone Number:		Date of Birth:	
Your School:			
Hobbies & Interests:			
Why do you want to be Miss Alice?			

For the grown ups... Consent

I give consent for (name of child)

TO APPLY FOR THE ROLE OF MISS ALICE 2016/17 FOR LLANDUDNO TOWN COUNCIL.

I also agree the following:

- ◆ To help and support my child in her role and duties as Miss Alice
- ◆ To accompany my child to the key Town Council events listed overleaf and other public appearances and engagements to which Miss Alice is invited.
- ◆ I am aware that most engagements take place at the weekends and within Llandudno but upon occasion can occur during the week and out of area. Requests can also sometimes be received at short notice and I will make every effort to ensure parent/guardian is available to accompany Miss Alice.

NAME OF PARENT/ GUARDIAN:

SIGNATURE:

DATE: