

APPLICATION FORM

Pope John Paul II Award

Participant

Name

Address

Postcode

Parish attended

Tel.

Email

D.O.B

Male

Female

Papal Cross Award

Gold Award

Silver Award

Bronze Award

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. I also give permission for their name and photograph to be used as part of the on-going development of the award.

Signature (Parent/Guardian)

Date

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