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| **A purple and white logo  Description automatically generated****The Big Latch On Participant Registration Form**  **(circle one)** Friday 4th / Saturday 5th / Sunday 6th April 2025  Ko te mana o te whāngai ū, ko tā te whānau whānui  “Supporting breastfeeding helps whānau and communities to flourish” | | | | | |
| **Event name & address:** | | | | | |
| **Host name:** | | | **Host email:** | | |
|  | **Name**  Please PRINT  (Everyone attending and volunteering to sign in) | **Email** | **Participants**  Total number of people attending the event with you (including children and supporters) | **Photo consent** (sign if you agree) *\*See below* | **Please tick** if Big Latch On & its partners can stay in touch? |
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| **\*Photo consent – I authorise use of my own and my child/children’s visual image and statements in newsletters, posters, internet and other advertising to promote breastfeeding and the Big Latch On.** | | | | | |
| **Host statement:                                                                                                                                                       Please report the number of people at your event by logging into My Account at**  Total number of participants at this event: \_\_\_\_\_\_                                                                                        [**www.blo.org.nz**](http://www.blo.org.nz) **and click ‘submit event count’. Contact** [**events@wha.org.nz**](mailto:events@wha.org.nz) **for help.**  **Name** (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |