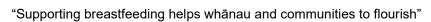


## The Big Latch On Participant Registration Form (circle one) Friday 4th / Saturday 5th / Sunday 6th April 2025

Ko te mana o te whāngai ū, ko tā te whānau whānui





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?	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
*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.						
Tota	Host statement:  Total number of participants at this event: Signature: Signatu					