



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 <u>agree</u>) *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.**

Host statement:

Total number of participants at this event: _____

Name (print): _____ Signature: _____

Please report the number of people at your event by logging into My Account at www.blo.org.nz and click ‘submit event count’. Contact events@wha.org.nz for help.