



**MEAT FREE MONDAY MEALS CHALLENGE SINGLE ENTRY FORM**

**ENTRANT'S NAME:** \_\_\_\_\_

**ENTRANT'S AGE:** \_\_\_\_\_

**ENTRANT'S YEAR GROUP:** \_\_\_\_\_

**NAME OF DISH:** (e.g. Sizzling Meat Free Casserole)

\_\_\_\_\_

**DESCRIPTION OF ENTRY:** (e.g. photo, video, painting, picture)

\_\_\_\_\_

**PARENT/CARER/TEACHER (DELETE AS APPROPRIATE)**

**NAME:** \_\_\_\_\_

**ADDRESS (THIS IS WHERE GIFTS WILL BE SENT):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONTACT NO:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

By signing the declaration you confirm you are authorised parent/carer/individual to submit this Entry and you confirm you have read and understood the terms and conditions to this Challenge in full and agree to them hereafter.

Your signature also constitutes full acceptance and authorisation for MFM to process the Entrant's information pursuant to this Challenge. If signing as teacher, prior authorisation from parent/carers should be obtained.

**SIGNATURE:** \_\_\_\_\_