



MEAT FREE MONDAY MEALS CHALLENGE MULTIPLE ENTRY FORM

NAME: _____ **POSITION:** _____

SCHOOL ADDRESS (THIS IS WHERE GIFTS WILL BE SENT): _____

CONTACT NO: _____ **EMAIL:** _____

By signing the declaration you confirm you are authorised parent/carer/teacher/individual to submit these Entries 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: _____

	ENTRANT'S NAME	ENTRANT'S AGE	ENTRANT'S YEAR GROUP	NAME OF DISH (e.g. Sizzling Meat Free Casserole)	ENTRY FORMAT (e.g. photo, video, painting, picture)
1					
2					
3					
4					

	ENTRANT'S NAME	ENTRANT'S AGE	ENTRANT'S YEAR GROUP	NAME OF DISH (e.g. Sizzling Meat Free Casserole)	ENTRY FORMAT (e.g. photo, video, painting, picture)
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

	ENTRANT'S NAME	ENTRANT'S AGE	ENTRANT'S YEAR GROUP	NAME OF DISH (e.g. Sizzling Meat Free Casserole)	ENTRY FORMAT (e.g. photo, video, painting, picture)
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					