



BURNTWOOD TRIATHLON CLUB PHOTOGRAPHER REGISTRATION FORM

This form should be completed and returned to the Event Organiser by anyone wishing to take photographs or record images at an event:

Name:
Address:
Postcode: Home telephone: Mobile: Email address:
I wish to take photographs or record images at this event. I agree to abide by the Event Organiser's guidelines and confirm that the photographs or recorded images will only be used appropriately.
Signature:
Print name:
Date: