



The Big Latch On 2019 Registration Form
 Friday 2nd or Saturday 3rd August 2019



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

“Successful Breastfeeding requires Support from Family, Friends & Communities”

Venue Name & Address:

Venue No.:

Host's Name:

Email Address:

All parents participating in the Big Latch On 2019 must complete this registration form

	Your Name	Your Age	Your ethnicity/ ethnicities	Child/ren's age(s)	No. of support people with you (if any)	Photo Consent (sign if you <u>agree</u>) *See below	Email address
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***Photo Consent - I authorise use of my own & my child's visual image & statements in newsletters, posters, internet & other advertising to promote breastfeeding & the Big Latch On.**



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