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| **The Big Latch On 2024 Registration Form**  **(circle one)** Friday 12th / Saturday 13th / Sunday 14th April 2024  Ko te mana o te whāngai ū, ko tā te whānau whānui  “Supporting breastfeeding helps whānau and communities to flourish” | | | | | |
| **Venue name & address:** | | | **Venue number:** | | |
| **Host name:** | | | **Host email:** | | |
| **All parents participating in the Big Latch On 2024 must complete this registration form** | | | | | |
|  | **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 agree) *\*See below* | **Please tick** if Big Latch On & its partners can stay in touch? |
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| 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** | | | | | |
| **Witness/Host statement:                                                                                                                                                       Please upload the total number of participants at your location through host website**  Total number of participants at this location: \_\_\_\_\_\_                                                                                         **and scan & email this form to the BLO Organisers at** [**events@wha.org.nz**](mailto:events@wha.org.nz)  **Name** (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |