



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 <u>agree</u>) <i>*See below</i>	Please tick if Big Latch On & its partners can stay in touch?
1					
2					
3					
4					
5					
6					
7					
8					
9					
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: Total number of participants at this location: _____ Name (print): _____ Signature: _____	Please upload the total number of participants at your location through host website and scan & email this form to the BLO Organisers at events@wha.org.nz
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