

Event Registration Form

THIS FORM SHOULD BE COMPLETED BY ANYONE WISHING TO TAKE **PHOTOGRAPHS OR RECORDING IMAGES** AT TENNIS OR RACKETS EVENTS DURING A SPECIFIED EVENT

Name _____

Address _____

_____ Post Code _____

Tel. No. _____

Event Name _____

Event Date _____

I wish to take photographs or record images during the course of the above event. I agree to abide by the guidelines laid down by the T&RA and confirm that the photographs or recorded images will only be used in an appropriate manner.

Please describe below how photographs or recorded images will be used

I acknowledge that if it is deemed that any photographs or recorded images are used inappropriately, this may result in me being unable to use photographic equipment at Tennis or Rackets events in the future.

Signed _____

Date _____