

In order to enter you into the competition we need the following details:

| | |
|---------------------------------|----------------------|
| Name | <input type="text"/> |
| Age | <input type="text"/> |
| City | <input type="text"/> |
| Country | <input type="text"/> |
| Home Address | <input type="text"/> |
| Home Telephone number | <input type="text"/> |
| Email address (if you have one) | <input type="text"/> |

We require your parent/guardian's permission for you to take part in the competition if you are under 16.

Please ask your parent or guardian to fill in this section of the form.

I, () - Parent/guardian, confirm that I am 18 or over.
I have read, understood and agreed the Terms & Conditions of the Shoot Nations competition found at shootnations.org.

Home address

Home tel

Date of Birth

I consent to () - Participant, taking part in Shoot Nations.

I have read, understood and agreed the Terms & Conditions of the Shoot Nations competition found at shootnations.org.

I agree to be contacted by Plan in the future.

I agree to be contacted by Shoot Experience in the future.

Keep me updated about Shoot Nations.