



BOOKING FORM

BLACK COUNTRY MUSEUM DAY TRIP - 01/11/2019

FULL NAME _____

ADDRESS _____

POST CODE _____

TELEPHONE _____ EMAIL _____

NUMBER OF SPACES REQUIRED

NAME	RELATIONSHIP	D.O. B

PHOTO / VIDEO CONSENT

We would be grateful if you would fill in this form to give us Dovecotes TMO permission to take photos to use in our printed and online publicity.

I give permission to Dovecotes TMO to take photographs and / or video ☐

I grant full rights to Dovecotes TMO to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve our aims. This might include (but is not limited to), the right to use them in our printed and online publicity, social media, press releases and funding applications. ☐

DECLARATION

We respect your privacy and will not pass your details on to any third party without your permission. Full details of Dovecotes Privacy Policy can be found at www.dovecotestmo.com

Signed:		Print name:	
Date:		Membership No:	

Please return completed form to the office by 18/10/2019 (Spaces limited to availability)