

YORKSHIRE BRASS BAND CHAMPIONSHIPS - 2025

KIRKLEES FIRE REGULATIONS - PARENTS/CHAPERONES REGISTER

NAME OF BAND _____

NAME & ADDRESS OF SECRETARY _____

THESE COLUMNS MUST BE COMPLETED IN BLOCK CAPITALS			
PARENTS AND BAND CHAPERONES ACCOMPANYING BAND PLAYERS 16 AND UNDER			
	Members 16 years & under Initials	NAME OF PARENT/CHAPERONE Surname & Initials Only	ADDRESS OF PARENT/CHAPERONE The complete Postal Address of each person must be inserted.
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I, the undersigned, declare that the above particulars are true to the best of my knowledge and belief

Signed _____ Secretary. Date _____

**THIS FORM IS A MANDATORY REQUIREMENT
AND MUST BE HANDED IN AT THE DRAW FOR YOUR SECTION.**