



**Photography Consent Form:**

FIBA u14 Girls 3x3

Name: .....

Address: .....

.....

Telephone Number: .....

I wish to take photographs or record images at this event. I agree to abide by the event organiser's guidelines and confirm that the photographs or recorded images will only be used appropriately.

Signature:

.....

Date:

.....

**Please complete this registration form and return to the event organiser.**



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