



Consent Form

	 MALTA FILM COMMISSION	 Malta Film Foundation
Name of project The Malta Youth Film Festival		
Closing date for film submissions 6 April 2018		
Award Winning Ceremony 29 April 2018		
Name of young person	Date of birth	
As parent / guardian I am aware that _____ is participating in this project. I have read the competition guidelines and hereby give my consent.		
Signature of parent / guardian:		
ID card Number:		
Address:		
Telephone / Mobile Number:		
Date:		
 PARLIAMENTARY SECRETARY FOR YOUTH, SPORT AND VOLUNTARY ORGANISATIONS		