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Description automatically generated **TRUST**

## ‘Memories of the Old Town’

Sketch Safari

### Registration Form

**FULL NAME: …………………………………………………………………………………**

**Tel No. …………………………...….**

**EMAIL ADDRESS: …………………………………………………………………………………**

**Tick**

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**I wish to participate in the SKETCH SAFARI organised by THE GIBRALTAR HERITAGE TRUST and THE ROCK RETREAT in the OLD TOWN on the 19th MARCH.**

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**I give permission for the GIBRALTAR HERITAGE TRUST**

**to scan and feature my artwork in a booklet for their Oral History Project ‘MEMORIES OF THE OLD TOWN’.**

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**I understand that I will need to provide my own materials and submit my artwork after the event.**

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**Photo Preference: We sometimes take photos/and or videos during our events.**

**I give permission for photos/ videos of me to be shared and published for the use of the Trust in the promotion of the event and its results.**

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**Contact details: I consent to the Gibraltar Heritage Trust retaining and using my e-mail address to contact me regarding this project.**

Logo

Description automatically generated**SIGNED: …………………………………………….………. DATE: …………………….**