

Letter of Consent



To • Corporate Games

FAX • 1 300 301 419

Date • _____

GAMES eg QCG06	
ORGANISATION	
SPORT	
EVENT & AGE CLASS	
TEAM NAME if applicable	

▶ I hereby give permission for _____
to compete in the Corporate Games Name of entrant (Print)

Further I understand that I must accompany this person, who, before going to their sport, is required to bring their Entry Confirmation & Games ID (with their photo attached) in person to one of the Games Registration SuperCentres, and that I will at that time sign the Games 'Waiver of Liability' on their behalf.

Entry Confirmation & Games ID will be sent only after a completed Entry Form, payment and a letter of consent has been received by the Games.

Authorised by (to be one of the following) Parent Legal Guardian

Name _____

Signature _____ Date _____

Please return to the Games Office immediately via fax on 1300 301 419 or attach to your completed Entry Form



Contact the Games Office via the following:

Tel 1300 301 418

Fax 1300 301 419

Email QCG@corporategames.net.au

Web corporategames.net.au

Mail PO BOX 15666 City East QLD 4002

ABN 64 056 480 543

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Office use only	
Date Received	Filed
<input type="text"/>	<input type="text"/>
Signed _____	