

**EuroPride 2023  
Parental/Guardian Consent and Contact Form**

Participant's / Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address of Participant/ \_\_\_\_\_

Child Parent/Guardian Name1: \_\_\_\_\_ Mobile Number \_\_\_\_\_

Parent/Guardian's Name 2: \_\_\_\_\_ Mobile Number \_\_\_\_\_

I (Parent/ Guardian) \_\_\_\_\_, grant permission for my child,  
(Child's Name) \_\_\_\_\_, to attend the Official EuroPride 2023 Concert feat. Christina Aguilera  
happening at the Granaries \_\_\_\_\_  
Floriana on the 16th September  
2023.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If the Participant/ Child is on any type of medications, or has any allergies please list them below**