

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 Opening/Opening After Party
happening at Valletta on the 7th _____, to attend the Official EuroPride 2023 Opening/Opening After Party
September 2023.

Signature _____ Date _____

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