



Caribbean Insurers Ltd.

CIL - Easter Egg Decorating Competition

Registration Form (Ages 5-10)

Child's Name: _____

Age: _____

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Emergency Contact (Name & Number): _____

Allergies or Special Notes: _____

Permission & Consent: I give permission for my child to participate in the Easter Egg Decorating Competition. I understand that photos may be taken during the event for promotional purposes.

Parent/Guardian Signature: _____

Date: _____

Email completed form to: media@caribbins.com