

POINT LONSDALE SLSC

MEMBER NAME: _____

(please PRINT clearly)

WITHHOLD CAPTION PERMISSION

SEASON: _____

In the event that my image is to be used in a Point Lonsdale SLSC publication,
I do not give permission for my name to accompany that image.

SIGNED: _____ DATE: _____

When completed, send this form to:

Point Lonsdale SLSC

PO Box 120

Point Lonsdale 3225

Note: This form is retained for a single season only. If you wish to continue its effect in subsequent seasons, you must complete it again when renewing your club membership.