

## Competition registration form

**First name:**

**Surname:**

If entering as a team, please give the name of the team leader in the space above and list the names of the rest of the team below. Please note that all contact between the Landscape Institute and the team will be conducted with the team leader and, should any queries about your entry arise, the team leader's decision will be accepted as that of the team's.

**Organisation** (if relevant):

**Organisation telephone number:**

**E-mail address:**

**Telephone number:**

**Address:**

**Postcode:**

**Team** (if relevant):

	First name	Surname	E-mail address	Telephone number
1				
2				
3				
4				
5				
6				

**GARDEN  
MUSEUM**

**Landscape  
Institute**  
Inspiring great places

**MAYOR OF LONDON**