

Swim Ireland Filming and Photographic Devices Registration Form



Event: _____ **Date:** ___/___/___ **Venue:** _____

	Name	Phone number	Type of ID seen	Device name/type	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

Registration process:

1. Check ID of person wishing to register and record; 2. Ask person to complete name and phone number; 3. Fill in device name and type; 4. Ask person to sign