

## Adults Authority for Contact List

If you wish to make contact with other adults in a similar situation to yourself,  
then please complete the following

<b>Name</b>	
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<b>Home Town</b>	
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<b>Phone Number</b>	
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<b>Email</b>	
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<b>Age</b>	
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<b>Signature</b>	
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<b>Date</b>	
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ChAPS will not divulge this information to any third party  
If you are under 18 years of age, please ensure your parent or carer signs below

<b>Guardian Signature</b>	
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A Contact List will then be emailed to everyone who has given authority to be contacted