

Canvey Island Charity Garden Trail 20TH JULY 2024 ENTRY FORM

Please complete in BLOCK CAPITALS

Name:		•••••	
Address:		Postcode	
Daytime contact nu	ımber:		
Email address:			
What type of garde	n are you displayi	ng? (please	circle)
Front Garden	Back Garden	Both	Other
Give a brief descrip	otion please of you	ır garden (w	hich will be included in programme)
			lowing (please circle):
Teas, coffees, etc	Plants	Other (pl	ease specify)
Time agree to open	l		otherwise 10am to 6pm Yes/No
Other information f	or visitors to your	garden (ple	ease circle):
Disabled access Yes/No	Near to bus Yes/No	·	Yes/No (give details)
I would like to show and agree to being	v my garden to the	public, fun	draise for the nominated charity
Thank you for completing 11 High Street, Canvey I Canvey Island Town Cou	g this entry form. Pleas sland, Essex SS8 7RB uncil is committed to pro	se return this of FAO Mrs K Ba stecting and sa	completed form to Canvey Island Town Council li. feguarding your personal data. Please refer to nveyisland-tc.gov.uk or a hard copy can be

attached consent form in order for the Town Council to hold your data.

For more information about the Canvey Island Charity Garden Trail, please contact **01268 683971** or email

events@canveyisland-tc.gov.uk

provided by the office. In order to comply with the General Data Protection Regulations please complete the