



ESA prototype testing

I hereby give permission for my child (name).....
to be included in the trial test for protective clothing

Name..... Date.....

Signature.....

Childs details

Name.....

Address.....

.....

Town.....Postcode.....

County.....Country.....

Tel no.....

E-mail.....

Sex : M/F.....Age.....Height (cms).....

Please return to :

XP Support Group
(Registered Charity No 1075302)
2 Strawberry Close
Prestwood
GREAT MISSENDEN
Bucks HP16 0SG

Tel : 01494-890981
Fax : 01494-864439
E-mail : info@xpsupportgroup.org.uk