

# COLOURING COMPETITION



My name is: \_\_\_\_\_

Age: \_\_\_\_\_

Parents/Guardians: Please include a contact number or email address on the back of this sheet if you wish it to be entered into our monthly prize draw  
Please return me to Lemur Landings Soft Play, Tower Park, Poole BH12 4NY when you next visit. tel: 01202 740500 email: [play@lemurlandings.co.uk](mailto:play@lemurlandings.co.uk)

