

CHILDREN AND FAMILY HEALTH DEVON EASTER ARTWORK

SIMPLY DRAW YOUR DESIGN IN THE SPACE PROVIDED ON THE BACK OF THIS PAPER AND HAND IT INTO RECEPTION AT ONE OF OUR SITES OR SEND BY POST TO:

CFHD EASTER ARTWORK
1A CAPITAL COURT
BITTERN ROAD
SOWTON INDUSTRIAL ESTATE
EXETER, EX2 7FW

PLEASE ONLY USE PENS OR PENCILS TO COMPLETE YOUR DRAWING

| FIRST name | |
|---|-------------------------------------|
| Age of artist (If under 13 years of age | a parent or carer must give consent |
| Parent/carer consent (Signature) | |
| lease note, designs may be used by CFHD across the inkedIn. If you DO NOT want your design included | |

Submission Deadline: FRIDAY 4 APRIL 2025

www.childrenandfamilyhealthdevon.co.uk

YOUR DESIGN

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| By (artists first name): | | |
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