



ENTRY FORM

Proceeds to the Leukaemia Foundation of Queensland
Entry Form to be returned with payment of \$50 (6-15 years) \$75 (16 and over) to
Leukaemia Foundation, Shop 6 Palace Arcade, 133 Bourbong Street Bundaberg 4670
or PO Box 765, Bundaberg 4670

ENTRY REQUIRED BY: Sunday, 1 May 2011

NAME: _____

ADDRESS: _____

PHONE: _____ **MOBILE** _____

D.O.B: _____ **AGE** _____

EMAIL: _____

WORKPLACE/SCHOOL: _____

Section entered (circle): Teams (2 or more members) / Open (individual 16 and over) /
Junior (individual 6-15 years) - as of 19th August 2011

Team Name if Applicable _____ **Team Captain** _____

I have read and agree to the attached terms and conditions and agree the judges' decision is final.

Signature of entrant

Signature of guardian if under 18

Guardian's Name _____ Phone _____

Enquiries to:

Pat Hooper

Leukaemia Foundation of Queensland

P.O. Box 765 Bundaberg 4670

Ph: 4151 6894 or 0402 356 018 or phooper@leukaemia.org.au



All proceeds from this event will be donated to the Leukaemia Foundation of Queensland.

