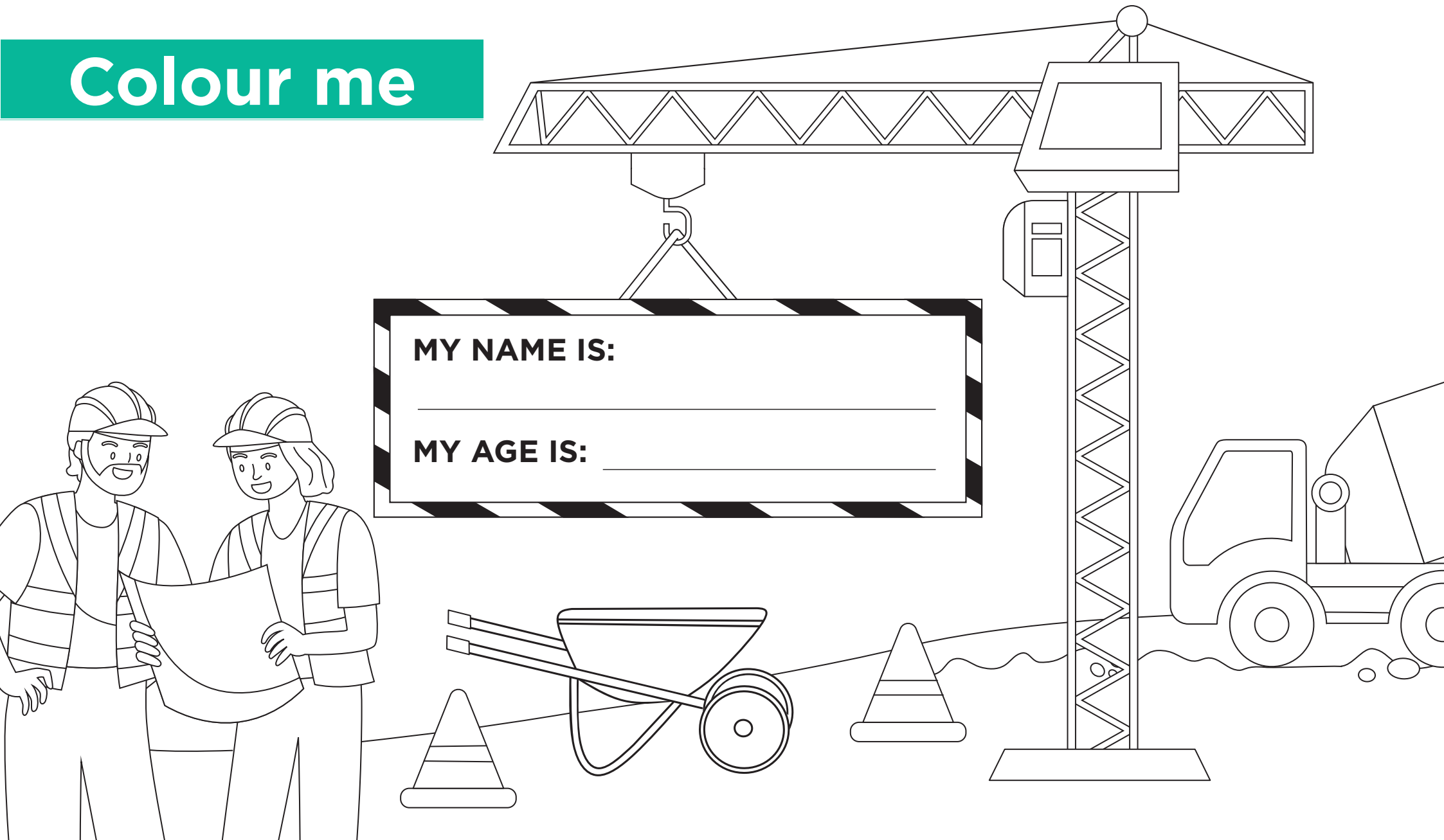


Colour me



Your name: _____

Your age: _____

Your school: _____

Please ask your parent or legal guardian to sign below:

I accept the Competition Terms and Conditions
as outlined at:
www.mlhd.health.nsw.gov.au/wagga-mscarpark

Parent/guardian name: _____

Parent/guardian signature: _____

Date: ____ / ____ /2022

Parent/guardian telephone no: _____

Parent/guardian email: _____

Send the entry form to:

Colouring Competition, Wagga Wagga Base Hospital
PO Box 159, Wagga Wagga, NSW 2650

Or drop the entry form at:

Main reception, Wagga Wagga Base Hospital
260-280 Edward Street, Wagga Wagga

Email the entry form to:

MLHD-WaggaMSCarpark@health.nsw.gov.au

Entries close:

5pm, Friday 9 September 2022