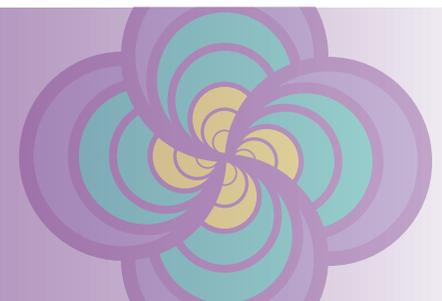
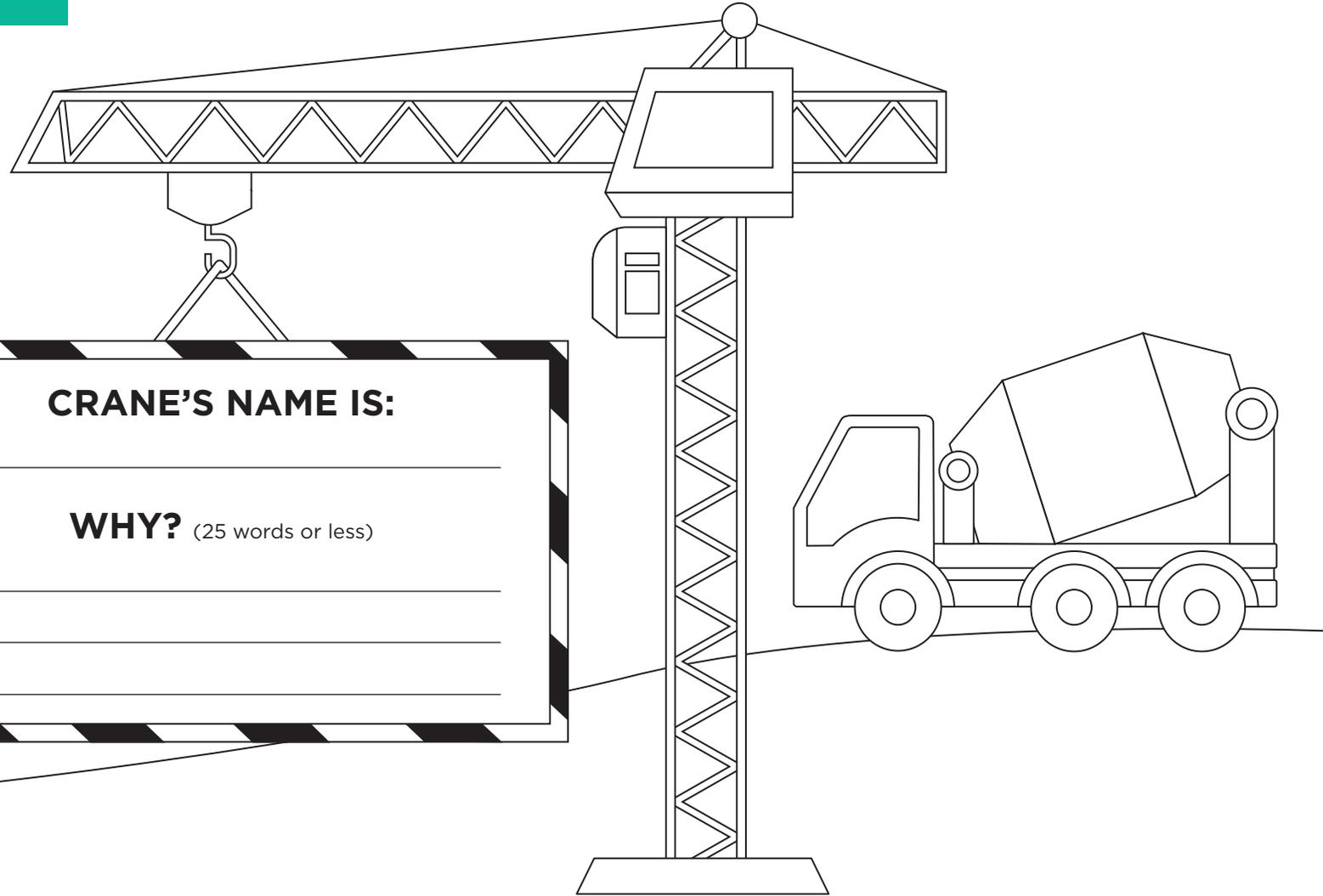


NAME THE CRANE



CRANE'S NAME IS:

WHY? (25 words or less)



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.wwhsredev.health.nsw.gov.au

Parent/guardian name: _____

Parent/guardian signature: _____

Date: ____ / ____ / 2019

Parent/guardian telephone no: _____

Parent/guardian email: _____

Send the entry form to:

Name the Crane, 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

Entries close:

3pm, Friday 5 July 2019