

Eurobodalla Regional Hospital Development

Name the Crane competition entry form

Your name: _____

Your age: _____

Your town/suburb: _____

Your school: _____

**Please ask your parent or legal guardian
to complete below:**

I accept the Competition Terms and Conditions

Parent/guardian name: _____

Date: ____ / ____ /2025

Parent/guardian telephone no: _____

Parent/guardian email: _____

Email the form to:

HI-EurobodallaHospital@health.nsw.gov.au

Entries close:

Midnight, Tuesday 25 March 2025.

For staff to cut for display

