

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:

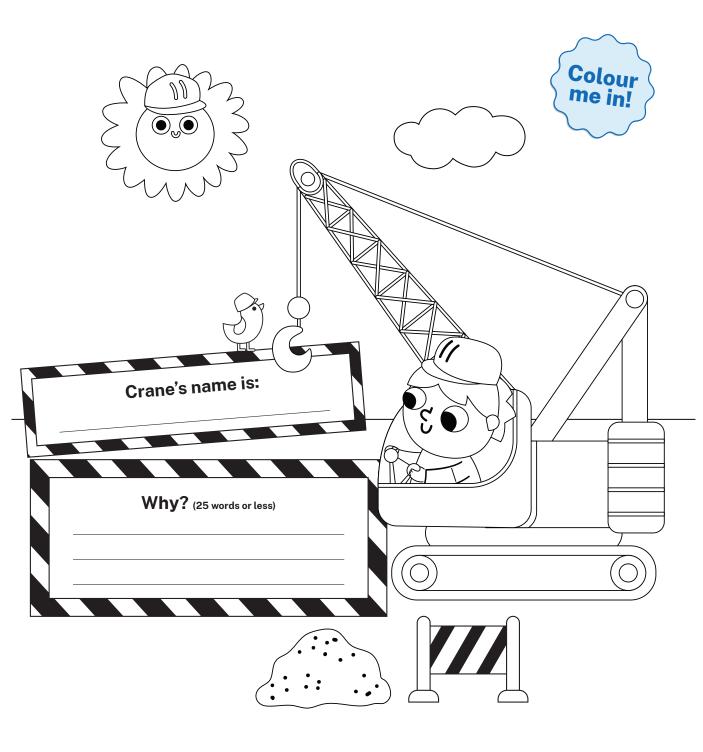
Parent/guardian email: _____

Email the form to:

HI-EurobodallaHospital@health.nsw.gov.au

Entries close:

Midnight, Tuesday 25 March 2025.



For staff to cut for display