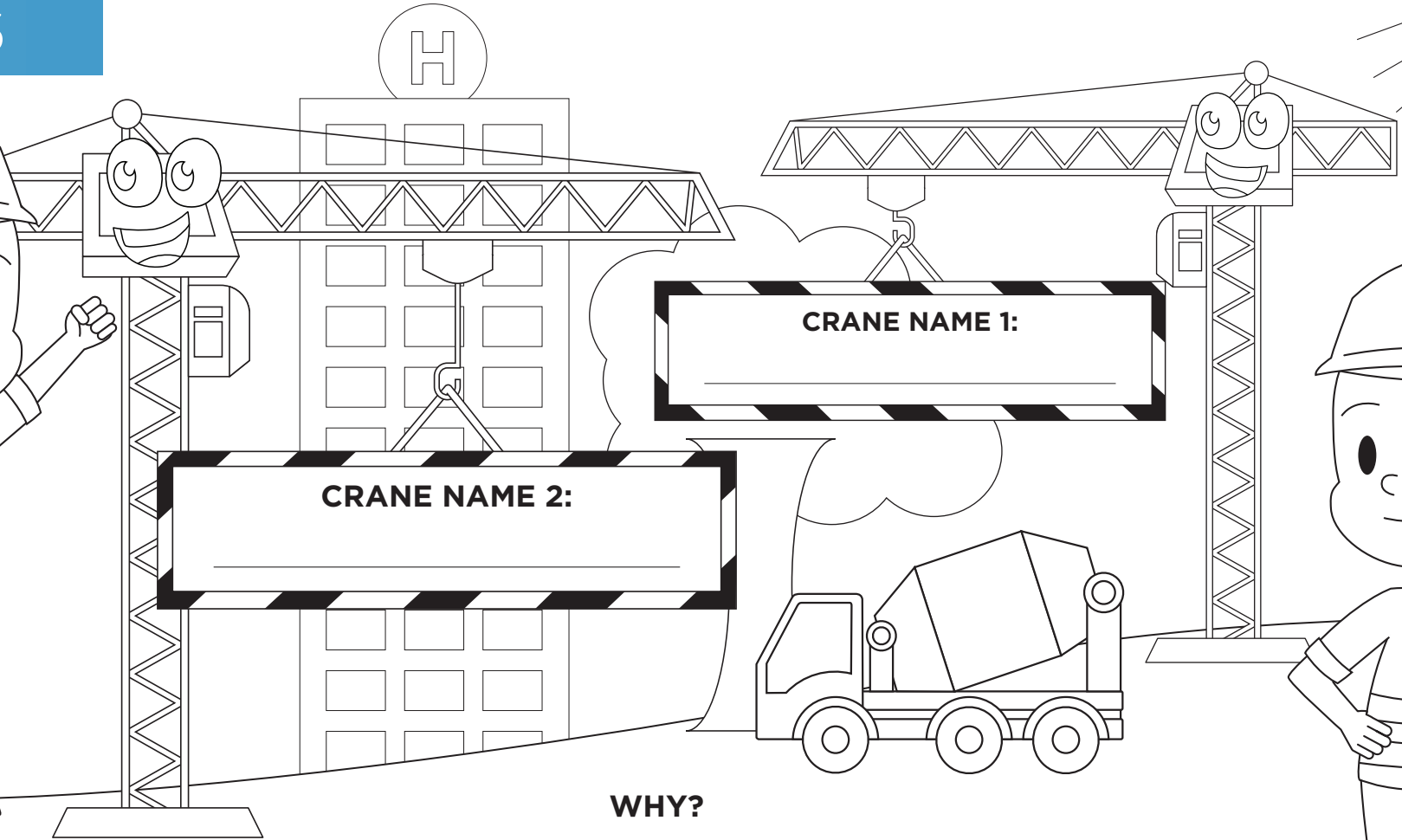
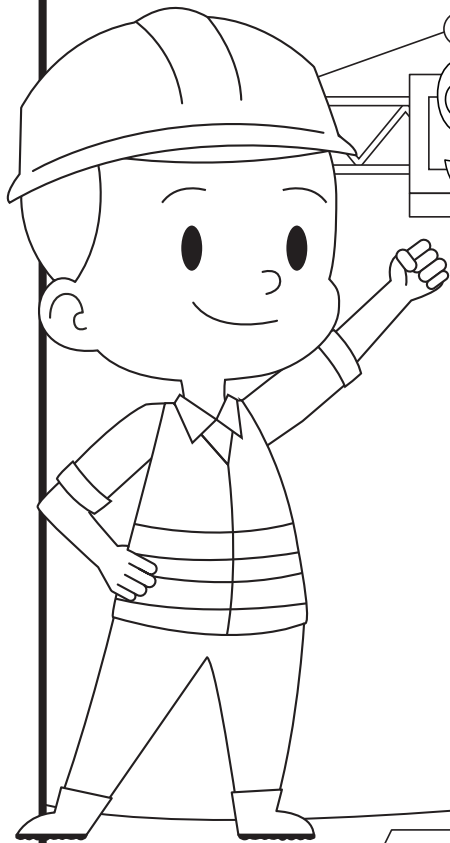


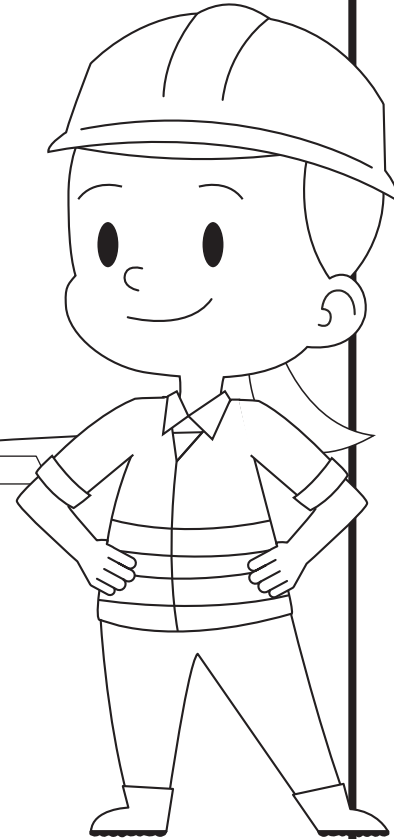
NAME THE CRANES



CRANE NAME 1:

CRANE NAME 2:

WHY?



Your name: _____

Your age: _____

Your school: _____

Please ask your parent or legal guardian to sign below:

Parent/guardian name: _____

Parent/guardian signature: _____

Date: ____ / ____ /2020

Parent/guardian telephone no: _____

Parent/guardian email: _____

Send the entry form to:

PO Box 63, Penrith, NSW 2751

Or email the entry form to:

HI-NepeanRedevelopment@health.nsw.gov.au

Entries close:

Friday 20 March 2020