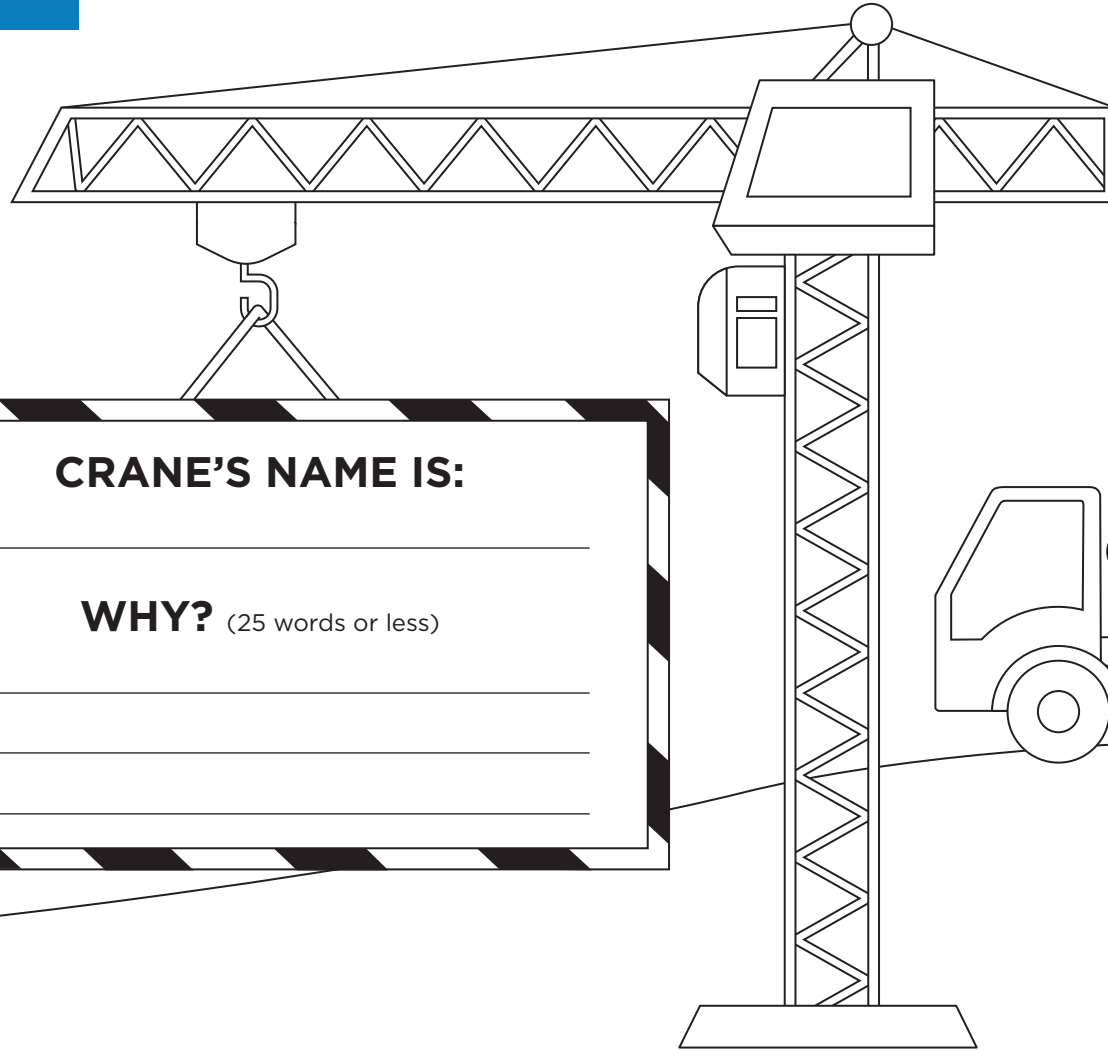


NAME THE CRANE



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.mlhd.health.nsw.gov.au/GBHRedev

Parent/guardian name: _____

Parent/guardian signature: _____

Date: ____ / ____ /2022

Parent/guardian telephone no: _____

Parent/guardian email: _____

Send the entry form to:

Name the Crane, Griffith Base Hospital,
Noorebar Avenue, Griffith NSW 2680

Or email the entry form at:

HI-GBHRedev@health.nsw.gov.au

Entries close:

5pm. Friday 26 August 2022.