



# New Shellharbour Hospital

## 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-shellharbourdevelopment@health.nsw.gov.au

**Entries close:**

5pm Friday 2 May 2025

For staff to cut for display

