

Race Unity Day Poster Making Competition

Poster Contest Entry Submission Form

STUDENT INFORMATION

Name : _____

Address: _____

Phone : (_____) _____

E-mail: _____

Parent or Guardian Name (printed): _____

Signature of parent or guardian allowing the organization to utilize the poster for educational or promotional purposes:

Date _____

Year Group _____

Age* _____

SCHOOL INFORMATION

School Name: _____

Address: _____

Phone: (_____) _____

E-mail address: _____

Post to:

Nelson Multicultural Council
4 Bridge Street
PO Box 264 Nelson
7040

Email to:

info@nelsonmulticultural.co.nz