



RHSQ

The Royal Historical Society of Queensland



RHSQ COMPETITION "110 YEARS OF LIFESAVING IN QLD"

ENTRY FORM

First name:

Last name:

Address:

Postcode:

Email:

School's name:

Year level:.....

Category:.....

SCAN AND SEND THE COMPLETED FORM TO:
INFO@QUEENSLANDHISTORY.ORG.AU



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PARENTAL CONSENT FORM

The Participant may only enter the RHSQ Competition (Competition) with the consent of a parent/guardian.

I consent to my child/ward _____ (name in full) entering the RHSQ Competition and I confirm that I have read and agree with the Competition Terms and Conditions. The complete Terms and Conditions can be downloaded on the website:

Name that should be used in association with my child/ward's work - underline appropriate:

- Full name
- First name only
- No name
- Other:

Parent or Guardian name:

Phone number:

Email address:

Parent or Guardian signature:

Date:

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INFO@QUEENSLANDHISTORY.ORG.AU**

