AUSTRALIAN NATIONAL BUSKING CHAMPIONSHIPS™

PEAK HILL NSW REGIONAL FINALS
Saturday 23 September 2017

GROUP MEMBERS LIST

(Please fill in and attach to your Entry Form)

Group Name: .....

Leaders Name: ….....Ph.....Email

During this event I, the undersigned, am legally authorised to be responsible for the care and well-being of the children that have been placed in my care and listed below.

Signed: ……Date: ……..…

(*Age is only needed for children under 16)

Name	Age*	Phone	email	Special Needs or Comments