AUSTRALIAN NATIONAL BUSKING CHAMPIONSHIPS™

Cooma NSW
Regional Competition & National Grand Final
Saturday 16 November 2019

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** (Optional)	**Email** (Optional)	**Special Needs or Comments**