



Student Name:					Age:	
School:						
Address:						
Suburb:						
Please enter det	ails below of:	Parent/Caregiv	er Teac	her		
Name:						
Signature:						
Email:						
Contact Number:						
Class or individu	al entry:	Class Individ	ual M	odel or drawing:	Model	Drawing
Entry label:		sure all models and n and student, scho	•			
What is the name	e of your Mini Fl	oat?				
What will your ch	naracters who a	re around your Mini	Float be weari	ng?		
What is your favo	ourite National I	Pharmacies Christm	as Pageant floa	nt and why?		
Please return the	e completed ap	plication form and d	esigns to:			
Email: christma	nspageant@sa.g	gov.au				
Mail: Events S	outh Australia					
	Coker Street,				Natio	onal Pharmacie
rerryaer	1 Park SA 5010					0 =

Designs are to be received no later than the close of business on Friday 30 June 2023 Prize winners will be advised in mid-July 2023. Entry submission cannot be received later than the date specified in order to meet production deadlines to be ready for the Pageant, which will take place on Saturday 4 November 2023.