



Student Nam				Age:		
	Please enter full name			•		
Schoo						
Yea	: Reception Year 1	Year 2	Year 3	Year 4	Year 5	Year
Are you the Parer	/Caregiver or Teacher: Par	ent/Caregiver	Teacher			
Your Name:		Co	ntact Number:			
Email Address:						
Class or individua	entry: Class Individ	ual Mode	l or drawing:	Model	Drawi	nα
			- '	MOUCI	DI AWI	iig
Entry label:	Please make sure all models and with the design and student, scho		ea			
	,					
What is the name	-					
What is the name	of your Mini Float?					
What is the name	-					
	-	Float be wearing?				
	of your Mini Float?	Float be wearing?				
What will your ch	of your Mini Float? racters who are around your Min					
What will your ch	of your Mini Float?		ıd why?			
What will your ch	of your Mini Float? racters who are around your Min		nd why?			
What will your cha	of your Mini Float? racters who are around your Min rite National Pharmacies Christn	as Pageant float ar	nd why?			
What will your change of the will your favour favour flease return the	of your Mini Float? racters who are around your Min rite National Pharmacies Christn	as Pageant float ar	nd why?			
What will your change with the second	of your Mini Float? racters who are around your Min rite National Pharmacies Christn completed application form and o	as Pageant float ar	nd why?			
What will your change with the second	of your Mini Float? racters who are around your Min rite National Pharmacies Christn completed application form and o	as Pageant float ar	nd why?			

Designs are to be received no later than the close of business on Sunday 30 June 2024. Prize winners will be advised in late-July 2024. Entry submission cannot be received later than the date specified in order to meet production deadlines to be ready for the Pageant.