

# HAIR LARIOUS DAY

## Participation Form 20 14

### Coordinators details

Title  First Name  Last Name

Position

Group/Organisation

Address  Postcode

Phone Wk  Mobile

Fax  Email

**Please send me a HAIRlarious Day fundraising pack: (will be sent early T2)**

A3 coloured posters  
Collection envelope  
Bank deposit slip  
Information & activity sheets for students

Number of classes  (1 x A3 poster per class provided)

Event date (in June, or your alternative date)

Signed  Date

**GREAT PRIZES  
TO BE WON  
FOR YOUR  
GROUP!**

**Submit this form online or return to:**

mail: PO Box 1094, NORTH ADELAIDE SA 5006  
email: danica.trimboli@childhoodcancer.asn.au

**Enquiries:**

phone: 08 8239 1444  
email: danica.trimboli@childhoodcancer.asn.au