

First name: _____ Age: (<6 yrs) _____



Contact Details

GUARDIANS NAME:

CONTACT MOBILE:

CONTACT EMAIL:

- Participants must be 6 years old and under.
- Return hard copy to East Ryde Family Medical Practice by Monday 14th April 12.00pm (scanned pictures are not accepted)
- If we are not open - slide under the door.
- Winner to be announced on Tuesday 15th April

Terms & Conditions: All details must be completed for a valid entry into the competition. Winners will be notified by phone and email. Front Page (coloured picture) may be displayed on East Ryde Doctors reception wall.

East Ryde Doctors
3 Sager Place EAST RYDE 2113
02 98881083