HERBERT CHRISTMAS CARD
DRAWING COMPETITION

Name

Address

Phone

School

Year (circle)
Prep / 1 / 2 / 3

Age

^^^^^^
Drawing this way up
^^^^^^

I _____ (Parent/Guardian Full name) consent to my chid _____ (Child's Full Name) submitting an entry which will be distributed by the Federal Member for Herbert, Phillip Thompson OAM MP, child's first name and age will appear.

I agree to my child's name and entry being sent to local people, community groups and businesses. Entries will also be displayed within the Federal Member's Electorate Office, on social media and if required via local news outlets.

Signature _____

☐ No, I do not consent

^^^^^^
Drawing this way up
^^^^^^

Phillip **THOMPSON** OAM MP
Federal Member for **Herbert**

340 Ross River Road, Cranbrook QLD 4814
07 4725 2066 phillip.thompson.mp@aph.gov.au
philthompson.com.au PhillipThompsonOAM