

Entry forms & fees to:
Camden Haven PAH&I Society Inc.
PO Box 23
KENDALL NSW 2439

## **ENTRY FORM**

## **YOUTH ART & CREATIVITY GALLERY**

Name of Exhibitor:		
Address:		
Date of Birth:	Age: Year /	' Grade:
School attending	g:	
Declaration:		
<del>-</del>	by the conditions set out in the relevant section in the relevant section in an anden Haven PAH&I Society Inc. responsible for an uring the Show.	
I agree to collect	t my items between 4:30pm and 6:00pm Sunday 3	15th October.
Signature of Exh	nibitor:	Date:
Section	Title of Work	Show Class