



THINK EQUAL, THINK GIRLS!

ENTRY FORM

PARTICIPANT'S FULL NAME: (ALL CAPS, CLEARLY LEGIBLE)	
ID NUMBER:	
DATE OF BIRTH (DAY/MON/YR):	
ADDRESS:	
OCCUPATION:	
PHONE NUMBER:	
EMAIL:	

Please complete and return this **Entry Form** along with the **Release & Waiver Form** and your Artwork/Drawing at the latest by **Monday, 4 November 2019** to eudrawcompetition@gmail.com

For more details on the Competition Rules and Guidelines, please visit:
<http://bit.ly/ThinkEqualThinkGirls>

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Administrative Use Only

Date Received	Entry Number
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