



**CITY TATTERSALLS
GROUP**



CHILD NAME: _____ **CONTACT NUMBER:** _____

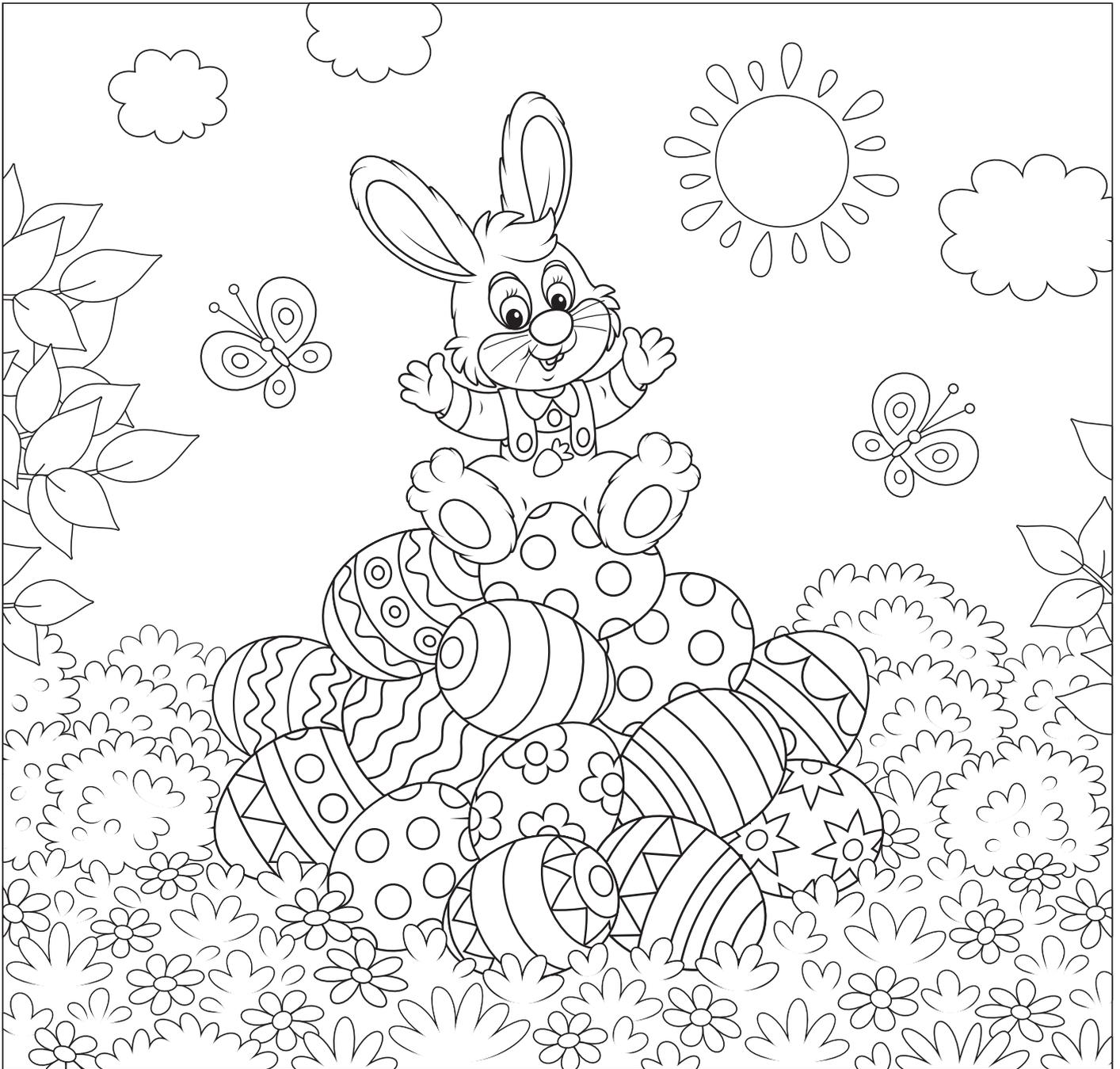
GUARDIANS NAME: _____

GUARDIANS CITY TATTS MEMBERSHIP NUMBER: _____

Competition is open for any child 12 and under. Please have the Guardian hand the entry to any staff member at the bar at any City Tatts venue by Easter Monday, 10th April. Winner will be contacted on the 12th of April



**CITY TATTERSALLS
GROUP**



CHILD NAME: _____ **CONTACT NUMBER:** _____

GUARDIANS NAME: _____

GUARDIANS CITY TATTS MEMBERSHIP NUMBER: _____

Competition is open for any child 12 and under. Please have the Guardian hand the entry to any staff member at the bar at any City Tatts venue by Easter Monday, 10th April. Winner will be contacted on the 12th of April