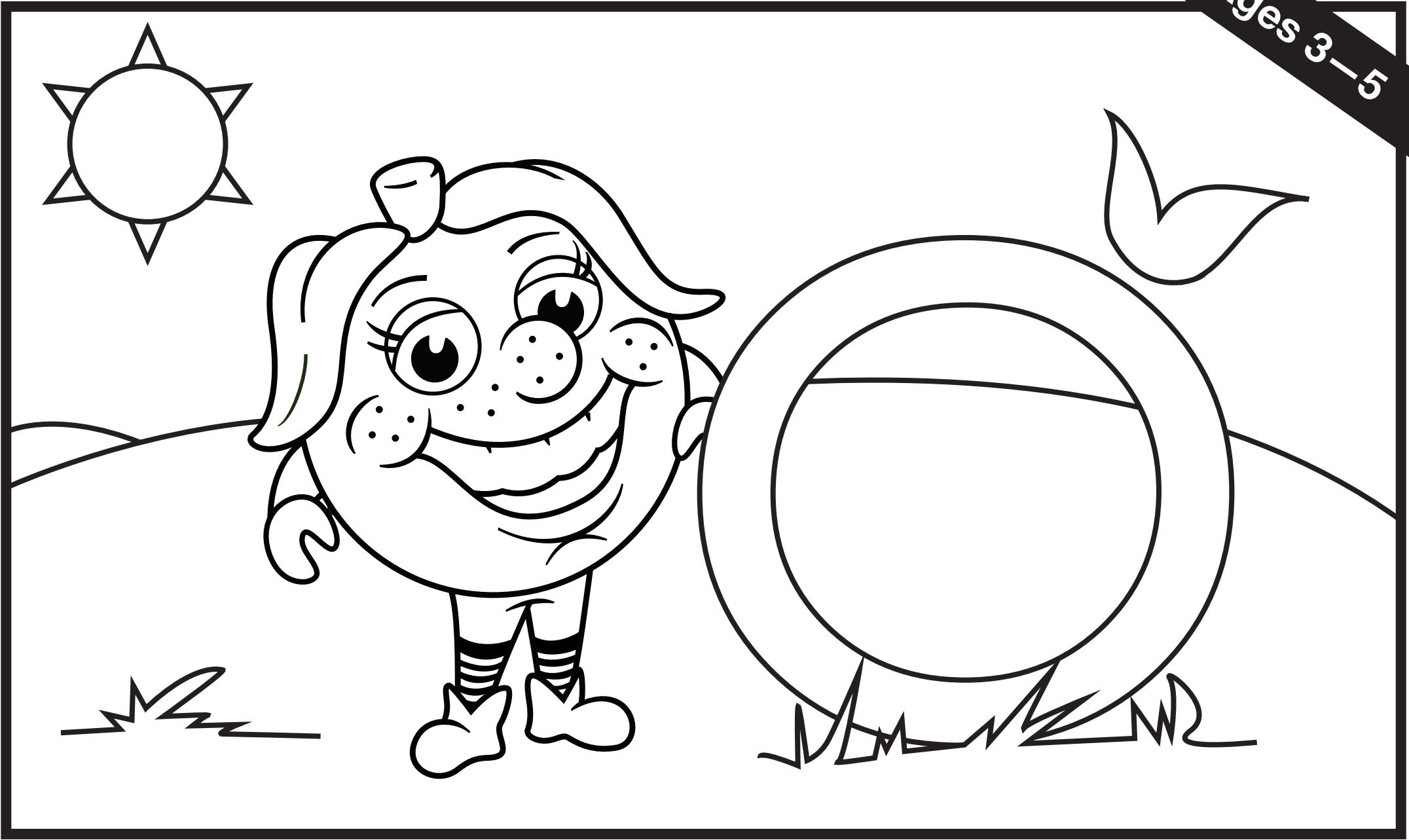


Ages 3-5



NAME _____

AGE _____



Baulkham Hills



Your Details

Name _____

Age _____

Contact Number _____

Parent/Guardian Signature _____

*To be eligible for the competition, a parent/guardian signature is required

Return to the Customer Service Desk at Stockland Mall – Baulkham Hills