

HOBART ANZAC DAY COMMEMORATIVE COMMITTEE FORM 5



VOLUNTEER REGISTRATION

VOLUNTEER DETAILS

| I, (full Name) | |
|---|--|
| Address: | |
| Phone: | Email address: |
| would like to participate commemorations. | as a volunteer in the Hobart ANZAC Day |
| I would like to be conside | ered for the following duties (please tick box): |
| Parade Marshal | Cenotaph Marshal |
| Wreath Marshal □ | |
| Other Position (please | specify) |
| Signature: | Date: |
| Printed Name: | |
| | on Form is to be submitted by the last business day in |
| The Secretary | |

The Secretary
Hobart ANZAC Day Commemorative Committee
ANZAC House
PO Box 147 or 206 New Town Road
NEW TOWN TAS 7008

Email: <u>HobartANZACDay@hotmail.com.au</u>