



HOBART ANZAC DAY
COMMEMORATIVE COMMITTEE
FORM 1



ANZAC PARADE REGISTRATION

GROUP INFORMATION

Name of Group / Association: _____

Nominated Point of Contact: _____ (Title) _____ (First Name)
_____ (Surname) _____ (Appointment in Group)

Postal Address: _____

Telephone: _____ Mobile: _____ Email: _____
(Note: Point of Contact must have email)

PARADE DETAILS

Number expected to be in Parade: ____ Do you have your own banner? Yes / No

Nominated Marshal for Parade: _____ (Title) _____ (First Name)
_____ (Surname)

OFFICIAL WREATH LAYING CEREMONY

Do you want to participate in the Official Wreath Laying Ceremony? Yes / No

If Yes, please provide a short justification e.g. 75th anniversary of

Nominated Wreath Layer: _____ (Title) _____ (First Name)
_____ (Surname) _____ (Post Nominals)

GROUP / ASSOCIATION ENDORSEMENT

Signature: _____ Appointment: _____

Printed Name: _____ Date: _____

Please provide a short (< 500 word) description of your group / association. This can be inserted on the back of this form or attached as a separate document.

The Parade Registration Form is to be submitted by the last business day in March to:

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

Mar 2017

(Name of Group / Association)

OVERVIEW OF GROUP / ASSOCIATION

ADDITIONAL INFORMATION

