



**ANZAC PARADE AND OFFICIAL WREATH LAYING  
CEREMONY REGISTRATION FORM**

**INDIVIDUAL / GROUP / ASSOCIATION  
INFORMATION**

Name of Individual / Group / Association: \_\_\_\_\_

\_\_\_\_\_

Name of Point of Contact for Group or Association: \_\_\_\_\_

\_\_\_\_\_

Mobile\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

**PARADE DETAILS**

Do you want to participate in the Parade? Yes / No? If yes complete the questions below.

Number expected to be in Parade: \_\_\_\_\_ Do you have your own banner? Yes / No? If yes attach a photo of the banner\*.

Nominated Marshal for Parade for Group / Association: \_\_\_\_\_

**OFFICIAL WREATH LAYING CEREMONY**

Do you want to participate in the Official Wreath Laying Ceremony? Yes / No?  
If yes complete the questions below.

Name of Wreath Layer: \_\_\_\_\_

**INFORMATION ABOUT YOU /YOUR  
GROUP / ASSOCIATION**

Please provide a short description of your / your group / association reason (s) for wanting to participate in the Parade and/or the Wreath Laying Ceremony. Attached as a separate document if more room is required.

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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

NEW TOWN TAS 7008

Email: [HobartANZACDay@hotmail.com.au](mailto:HobartANZACDay@hotmail.com.au)

\*Registrations that do not provide mobile phone number, email address and photo of their banner may not be processed and permission to participate may be refused.

The Committee reserves the right to refuse registration to any person or group not respecting the ANZAC Day Tradition. Full details of the tradition can be found at the Australian War Memorial website at <https://www.awm.gov.au/commemoration/anzac-day/traditions>

Registration is mandatory for participation in the Parade and Wreath Laying Ceremony. Please ensure you bring a copy of your registration on the day or have a copy saved on your mobile phone.

By submitting an application the group or volunteers accept the terms of registration outlined above.

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Name of Individual / Group / Association applying for registration

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Signature and full name of person applying for registration of Group /Association

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Date