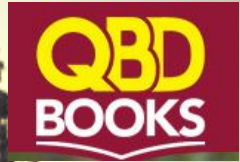




**RHSQ**

The Royal Historical Society of Queensland



State Library Queensland



# **RHSQ ARMISTICE COMPETITION**

## **ENTRY FORM**

First name: .....

Last name: .....

DOB: .....

Address: .....

State:.....

Postcode: .....

Email: .....

School's name: .....

Contact number: .....

Parent/Guardian name:.....

By selecting this box you agree /give permission for your child to submit an entry to the RHSQ Armistice Competition and understand that as part of the competition your/your child's entry and name may be showcased online.

**SCAN AND SEND THE COMPLETED FORM TO:  
INFO@QUEENSLANDHISTORY.ORG.AU**

