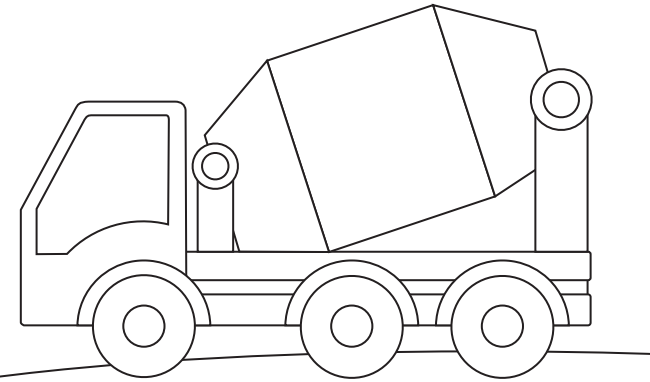
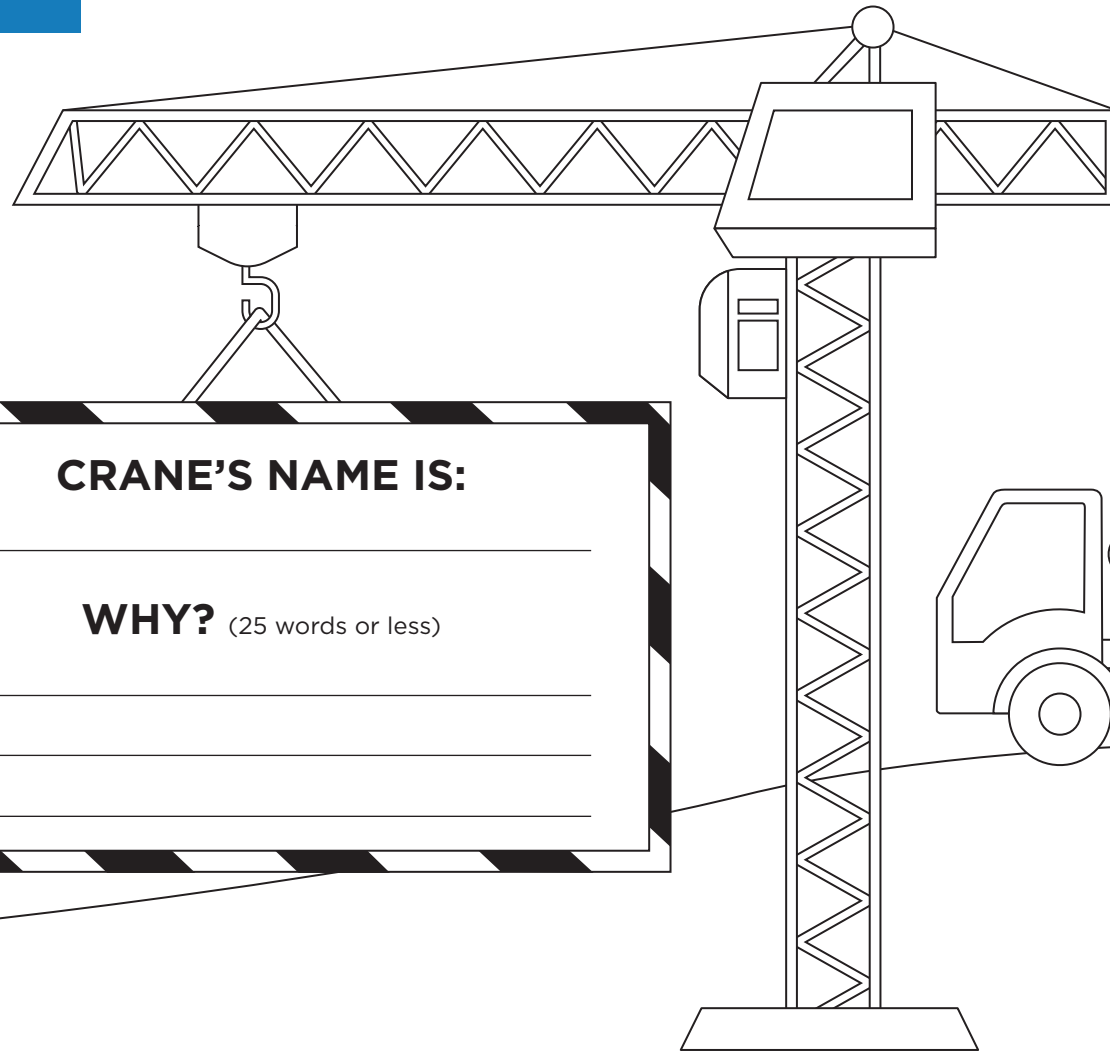


NAME THE CRANE



CRANE'S NAME IS:

WHY? (25 words or less)



Your name: _____

Your age: _____

Your school: _____

School contact: _____

School email: _____

Drop on the entry form at main reception:

Cowra Hospital,
64 Liverpool Street, Cowra NSW 2794

Send the entry form to:

Name the Crane, Cowra Hospital,
64 Liverpool Street, Cowra NSW 2794

Or email the entry form to:

HI-Cowra@health.nsw.gov.au

The Competition closes 5pm, Friday 26 September 2024.