

# QUEENSLAND CHILDREN'S WEEK ASSOCIATION Inc.

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[www.childrensweek.com.au](http://www.childrensweek.com.au)  
[qld@childrensweek.com.au](mailto:qld@childrensweek.com.au)

Saturday 21 to Sunday 29 October & Universal Children's Day – Wednesday 25 October

## 2017 PROGRAM ENTRY FORM

### QUEENSLAND PATRON

The Honourable Paul de Jersey AC  
Governor of Queensland

### NATIONAL AMBASSADOR

Megan Mitchell  
Australian Commissioner for Children.

### STATE AMBASSADOR

Ms. Cheryl Vardon  
Principal Commissioner Qld.  
Family & Child Commission

### PRESIDENT & CO-ORDINATOR

### JUNIOR AMBASSADOR

Rosie Sellars

### Children's Rights are Human Rights" Focus on Article 29 "

*Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, their cultures and other cultures.*

*Promote the work you do for children - Publish in the Children's Week 2017 Program*

**HOW?** Complete the following details & forward this to the address below or email by Friday September 1<sup>st</sup>

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**Contact Person:**

**Name of Organisation:**

**Address:**

**Post Code:**

**Postal Address.**

**Post Code:**

**Telephone: (Wk)**

**Mobile:**

**Fax:**

**Email:**

**Quantity:**

**Stickers**

**Posters**

**Description (What's on - Brief Outline of activities/events planned during Children's Week)**

RETURN FORM TO: Qld Children's Week Association, 84 Constitution Rd. Windsor 4030 or [qld@childrensweek.com.au](mailto:qld@childrensweek.com.au)

CLOSING DATE :- Friday September 1<sup>st</sup>

**Date/s:**

**Time/s:**

**Name & Address of Venue:**

**Contact number (general enquiries):**

**WHO FOR?**

Activities open to public  Booking Required  In-house activity only   
(Please mark with X)

**Terms & Conditions of CW name and logo consent:**

To use the Children's Week Logo you must accept the conditions for the use of it on any flyers, publicity etc.

I accept the conditions for using the Logo on your advertising to do with your event in 2016.

Yes (Please mark with X)

Please indicate below if your organisation has Public Liability cover :-  Yes  No

(Please mark with X)

**Name of Company:**

**Amount :** \$

**Renewal Date:**

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**CLOSING DATE :-** Friday September 1<sup>st</sup>