

# SAVE THE DATE:

3:30PM - 5:30PM FRIDAY, 13 SEPT

FOR MORE INFORMATION, PLEASE CONTACT AMANDA BUSSTRA, EVENTS CO-ORDINATOR. AMANDA.BUSSTRA@HOTMAIL.COM



# **Kenmore State High School Chaplain Colour Blast**

#### Date

13th September 2019

#### **Time**

Check-in time from 3pm

Race Starts: 3:30pm Finish Time: 5:30pm

#### Location

**Kenmore State High School Dumbarton Drive** Kenmore, QLD, 4069

#### Course

3.2km Cross Country Course, School Oval

### **Participants**

Open to family and friends of Kenmore State

## Registrations

\$15 for those who register before 11:59pm on Monday, the 9th September 2019. \$20 for those who register after Monday.

Please complete registration online www.suqld.org.au/kenmore-shs-cblast-2019 or return your completed form to the Kenmore State High School Chaplaincy Office.

Payment can be made through the Online booking system or via cash or EFTPOS at the check-in

Information regarding the powder used can be viewed upon request.

If you are concerned about inhalation of the colour powder please bring and wear a bandana or face mask.

## Clothing

Fully enclosed shoes and clothes which will

| registered will be able to r  | get dirty wristnand must be worn for entry  |
|---|---|
| Please complete, sign an<br>September 2019 to secu  | return to KSHS Chaplaincy office before Monday, the 9th   |
| Student Name:   | Year Level:   |
| Emergency Contact   |   |
| Name:   | Phone:  |
| Pre-existing medical conditions   | g., asthma, allergies, etc.)  |
| and claims for damages I may have agair<br>sponsors, and will hold them harmless fi<br>loss of neither personal items nor any o<br>health to participate in the event. Photog | the of this entry, I hereby for myself, my executors and administrators waive any and all rights SUQId and Kenmore State High School, it's respective representatives and successors and all an any injury suffered in this event. Also, the above mentioned parties is not responsible for the form of aggravation in connection with this event. I have been warned that I must be in good only will take place on the day and used for promotion of future Chaplaincy events. Please notify your child's photo to be taken on the day. |
| Signature:  | Date:   |
| Parent/G  | dian  |
| OFFICE USE ONLY.  |   |
| DATE PAID: METHOD   | PAYMENT   |