## ADF LONG TAN YOUTH LEADERSHIP & TEAMWORK AWARDS

2018 STUDENT SELECTION FORM APPLICATION PERIOD: 6 JUNE TO 10 August 2018

SCHOOL DEFENCE URN: \_\_\_ \_\_ \_\_



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REPLY SLIP (	PLEASE	PRI	NT F	RESI	PON	SES	IN E	3LO(	CK C	API	TALS	S)															
I, the principal or school representative, certify that the selected students are currently enrolled at:																											
School Name	e:																										
First Name:																											
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Surname:																											
Position:																											
Email:																											
I hereby give Long Tan Yo															_	ng d	our	scho	ool's	s par	ticip	atic	on in	the 2	<u>2</u> 018		
First Name:																											
Surname:																											
Position:																											
Phone:																											
Email:																											
Signature:																											

## PLEASE RESPOND BY 10 August 2018 LATEST BY FAX/EMAIL OR REPLY PAID MAIL

ADF LONGTAN YOUTH LEADERSHIP & TEAMWORK AWARDS

Reply Paid 235 Ormond, VIC 3204 Fax: (03) 9578 4693 Phone: 1300 651 807

Email: adflongtanawards@dataresponse.com.au

**IMPORTANT:** Please contact us if you haven't received email confirmation of these nominations by 17 August 2018.

<sup>\*</sup>This information will be issued to media by way of a general media release, identifying the names of participating schools only. Other specific information will not be used without prior consent.

## REPLY SLIP (PLEASE PRINT RESPONSES IN BLOCK CAPITALS)

(It is important that full names are clearly written, to ensure names on the certificates and payment letters are correct. Please select 1{one} student per year level.)

YEAR 10 – \$250 and Certificate	Э:
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First Name:																<u> </u>	Mid	dle I	nitial	:	J
Surname:																					
Email:																					
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Please indicate a	propose	ed time	and lo	ocatio	n for t	he p	resen	tation.													
Time																					
Location																					
YEAR 12 – \$5	550 and	d Cert	ificate	:													Mid	dle l	nitial	: [	]
Surname:																					
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Nominated for:	Res	adershi sourcef ner (pleas	fulness				Team\ Comn	work nunica	ation				ues ope		on		Prob			_	ement
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Are you interested Year 12 Award Please indicate a		Yes				he p	resen			/	_/_		_								
Year 12 Award		Yes				he p	resen			/	_/_		_								

†While every effort will be made to provide an ADF representative if requested, please understand this may not always be possible due to a number of factors, including geographical location.



