

AARON VIOLI'S Christmas Card Drawing Competition

CHILD'S DETAILS

Child's Name
Age
School & Grade

PARENT/GUARDIAN'S DETAILS

Parent/Guardian's Name
Address
Mobile
Email

I _____
(Parent/Guardian's Full name)

consent to my child

_____ (Child's Full Name)

submitting an entry which will be distributed by the Federal Member for Casey, Aaron Violi.

I agree to my child's drawing along with first name, primary school name, age and grade being used on Aaron Violi's 2024 Christmas Card (printed and digital), Aaron Violi's social media and if required, consent for these details to be shared with local news outlets.

Signature _____

**Please return by
5pm Monday 28 October 2024**



AARON VIOLI MP
FEDERAL MEMBER FOR **CASEY**

📍 110 Main Street, Lilydale VIC 3140 📞 9727 0799

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