



**HEAL  
COUNTRY!**  
4-11 JULY 2021



## 2021 Mr/Miss NAIDOC Quest - Registration / Application Form

<b>Entrant Name</b>		<b>Age:</b>
<b>Address</b>		
<b>Contact Email</b>		
<b>Contact numbers</b>	<b>Mobile:</b>	<b>Home:</b>
<b>Partner Name</b>		
<b>Sponsor Organisation</b>		
<b>Contact name</b>		
<b>Sponsor number</b>		
<b>Sponsor email</b>		

**Please attach an entrant photo with Registration Form**

### OFFICE USE ONLY: Registration Fee Payment Method

Cash Payment

Paid

Date Paid \_\_\_\_\_

Cheque Payment

Paid

Date Paid \_\_\_\_\_

Invoice (a tax invoice will be sent)

Correct Entity Name to be invoiced: (check with finance department)

\_\_\_\_\_

ABN/ACN: \_\_\_\_\_

Invoice address: \_\_\_\_\_



## **Entrant Questionnaire**

Name two Accomplishment or Achievements you have had in the past twelve months? (1<sup>st</sup> July 2019 to 30<sup>th</sup> June 2020)

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How have you contributed to your community or how will you contribute to your community in the near Future?

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What extracurricular activities are you involved in Hobbies/Talents? :

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Person you are most inspired by & why? :

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Describe an obstacle/ personal experience that has had a substantial impact on your life and how you overcame it?

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What are your future plans / goals, i.e., the next 5 years? :

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Most recognisable indigenous person you know? :

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***Please attach other paperwork and photograph***

Office Use  
Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_



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I certify that I have read the Application Form for entry into the Mr/Miss NAIDOC Quest 2021 and hereby agree to abide by all the aforesaid terms and conditions and the information provided by me is true and correct.

I agree that the personal data provided in the Application Form can be used by the Ball Partnering Consortium for purpose in relation to promotion, marketing, obtaining sponsorship and conduct of the contest of broadcasting of media channels decided by the Ball Partnering Consortium and may be disclosed to panel of judges, journalists, media and advertisers for the Quest and the public/community.

I confirm that I fully read and understand the application form and agree that if chosen as either Mr/Miss NAIDOC, Miss Photogenic, Miss Charity, Leadership Winner, Perseverance Winner and Peer Support Winner I will sign a contract prepared by the Ball Partnering consortium advising of my responsibilities during my time as either/or successful section winner.

**Contestant Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness (Sponsor):** \_\_\_\_\_

**Application must be returned by 30<sup>th</sup> April 2021 to:  
admin@darumbal.com.au**

Office Use  
Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_