



EXPRESSION OF INTEREST 2023 BOAB QUEST



Full Name
of Entrant:

Over 18 years of
age YES / NO

Phone:

Email:

Charity/Organisation
raising funds for:

Your organisation will require Public Liability Insurance cover for your events.

Signed:

Date:

Return completed form to boabquest2020@gmail.com or post form
to: Boab Festival at Derby Inc Committee, PO Box 165, Derby WA
6728



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