

# WARWICK Dreamweaver **2012** *ENTRY FORM* Design Award

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THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH THE DESIGN PRESENTATION  
.....

## ***NAME***

FAMILY NAME OF ENTRANT:

GIVEN NAME OF ENTRANT:

## ***ADDRESS***

STREET:

SUBURB:

STATE:

POSTCODE:

## ***CONTACT***

(B/H):

(A/H):

(Mobile):

EMAIL ADDRESS:

## ***ELIGIBILITY***

UNIVERSITY OR COLLEGE ATTENDING/ED:

YEAR GRADUATING/ED:

## **DECLARATION**

1. I certify that the work submitted is my original design.
2. I certify that all the information contained within this entry is true and correct.
3. I authorise Warwick Fabrics and its partners to reproduce works submitted for publication on the Warwick Fabrics website and all associated promotional activities and publicity, without limitation.
4. I understand that the winner of the Warwick Dreamweaver Design Award will agree to hand over the rights of the design to Warwick Fabrics and the design will remain the property of Warwick Fabrics.
5. I confirm that I have read the terms and conditions as detailed.

ENTRANTS SIGNATURE: \_\_\_\_\_

SIGNATURE OF UNIVERSITY  
OR COLLEGE STAFF MEMBER: \_\_\_\_\_

