

LOXTON MARDI GRAS INC.
AMBASSADOR REGISTRATION FORM
2025

JUNIOR SENIOR COMMUNITY

Please circle the appropriate ambassador category for this registration

Name:

Address:

Phone Numbers: Home Mobile

Email:

Date of Birth:

Sponsor:

Hobbies & Interests:

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Occupation:

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| <p>SPONSOR</p> <p>I nominate this Ambassador and agree to the Conditions published by the Loxton Mardi Gras Committee.</p> <p>Signature: Date:</p> <p>Name and Position:</p> |
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| <p>AMBASSADOR</p> <p>I consent to the Conditions published by the Loxton Mardi Gras Committee.</p> <p>Signature:</p> <p>Date:</p> |
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| <p>PARENT/GUARDIAN (Junior Ambassadors only)</p> <p>I consent to this nomination.</p> <p>Signature:</p> <p>Name:</p> <p>Date:</p> |
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Please return the completed form to:

Mardi Gras Secretary
PO Box 606, LOXTON SA 5333

or email loxtonmardigras@gmail.com

For further information and contact details for queries, go to www.loxtonmardigras.org.au