

***Contact details:***

|  |  |
| --- | --- |
| **Name of Business/School/Group:** *(if applicable)* |       |
| **Name of nominated contact person:** |       |

***Shipping options:***

[ ]  I will collect my products from Gold Coast University Hospital

[ ]  Or please send my products to my shipping address below

|  |  |
| --- | --- |
| **Address:** |       |
|       |
| **Suburb:** |       | **Post Code:** |       |

***Event details:*** *(if known)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Event/activity:** |       | **Proposed date:** |       |

***Available products:***

|  |  |
| --- | --- |
| **Item Requested** | **Quantity Requested** |
| Scrub Hats – limited number of hand-made items this year due to COVID-19 |       |

**Please email your completed form back to Tegan at** **scrubup@gchfoundation.org.au**

