CHILDREN’S WEEK ASSOCIATION OF SA INC.



# CHILDREN’S WEEK 2023

**FRIDAY 20th October- SUNDAY 29th October**

UNIVERSAL CHILDREN’S DAY – WEDNESDAY 26th OCTOBER

**COMPLETED FORM TO BE EMAILED to** [**mberlemon@hotmail.com**](mailto:mberlemon@hotmail.com) **by 12th AUGUST 2023**

**PROGRAM ENTRY**

**CHILDREN’S WEEK PLANNED ACTIVITY** - **promote your work for children/young people.** **Information will be published in the 2023 SA CHILDREN’S WEEK PROGRAM OF EVENTS.**

**Name of Organisation:** ……………………………………………………………

**Contact person:** ……………………………………………………… **Address**……………………………………………………….

**Mobile:** …………………………………………….

**Email:** ……………………………………………………………..

**TITLE OF ACTIVITY: …………………………………………………………………………..Approx number of participants:………………..**

**WHAT: Brief** outline of activity planned during Children’s Week - for publication. (**Limit 50 words** for each activity) **If running more than one event, please specify……………………………………………………………………………………………………..**

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**WHEN Day**/**Date/s: …………………………………………………………………………..**

**VENUE** ……………………………………………………………………… **Event contact** *(enquiries/printed in Program)*

**PLEASE INDICATE (**YES/ NO)

Open to the public ………… In-house & local community ……… In-house only ………....

Photo consent Yes/No………………………………….Website Yes/No Signed……………………….Facebook ………. Signed…………………………….

**EVENT GRANT APPLICATION**

**GRANT APPLICATION -** The Children’s Week Association of SA offers small grants, from its limited budget, to assist with organising activities for Children’s Week 2023. Should you receive an Event **Grant we require a brief Event Report and a photo (if possible) of your event by November 20th. This can be emailed to** [**mberlemon@hotmail.com**](mailto:mberlemon@hotmail.com)

## I am applying for a Children’s Week Grant to help run my/our activity/s YES /NO

**If successful,** funds to be transferred to the organization’s bank account as follows:

**EFT Payment: Name of account:** ……………………………………………. **BSB:** ……………… **A/C:** ..............................................

## Name of Contact Person *(if different to above):* ………………………………………….….Mobile: ........................................

***Please note: \**** Successful applicants will be notified by 15 September 2022

**EMAIL: (PREFERRED) mberlemon@hotmail.com**

**MOBILE:** 0438 836837

**POST:** Children’s Week Association of SA, PO Box 2103 Magill North 5072

**FORMS:** Available from: [www.sachildrensweek.org.au](http://www.sachildrensweek.org.au/)

**ACKNOWLEDGEMENT:** Receipt of all Program Entries and Grant Applications will be acknowledged by return email

**FURTHER INFORMATION:** [mberlemon@hotmail.com](mailto:mberlemon@hotmail.com%20) OR [www.sachildrensweek.org.au](http://www.sachildrensweek.org.au/)