



REGISTER NOW!

Contact Name: _____

Position: _____

Name of School: _____

School address: _____

Postcode: _____

Fax: _____

Tel: _____

Number of students in school: _____

Date/Month You will hold your MASY day
(if known): _____

Please fill in this form and send it to info@hollows.org.nz
You can also print it out and send it by post or fax to the
address / fax number below.

Thank you!

Any questions please call us on 09 304 0524 or email
info@hollows.org