

PROJECT LOCATION: Boyne Island Skate Park

PERSONAL INFORMATION

NameMobile no.Email

Do you live locally in the Gladstone Region

Yes / No

Age

Parent Permission

Parent Name: _____Parent Phone Number:

Parent Signature: _____

DESCRIPTION OF DESIGN (reasoning, meaning, information, inspiration)

SignatureDate of Submission

Project sketches

Sketches/designs to accompany application

Submission details

Submission details.

Please email completed Entry form together with sketches/designs to:

boynetannum.turtleway@gmail.com

Entries close: 20 October 2025

BOYNE TANNUM TURTLEWAY ARTSCAPE

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 <https://www.facebook.com/Artscape01>

