Labour Day Project Registration Form

Location: _____

Name of Project Team: _____

Name of Lead Organisation: _____

Telephone Number: 1) _____ **2)**_____

Address: _____

_____

_____

---CONTACT PERSON----

Name: _____

Telephone Number: 1) _____ **2)**_____

Email: _____

Address: _____

_____

_____

PROJECT TITLE AND BRIEF DESCRIPTION OF ACTIVITIES TO BE UNDERTAKEN

_____

_____

_____

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_____

Proposed start date of project: _____ **Proposed end date of project:** _____