



HOBART ANZAC DAY
COMMEMORATIVE COMMITTEE



**REQUEST TO DRIVE PRIVATE /AN HISTORICAL/ SPECIAL
INTEREST VEHICLE IN THE ANZAC DAY PARADE
REGISTRATION**

APPLICANT INFORMATION

Name of Individual / Group / Association: _____

Name of Point of Contact for Group or Association: _____

Mobile*: _____ Email*: _____

VEHICLE DETAILS: Vehicle Make/Model: _____

Colour: _____ Vehicle Registration No: _____ Expiry Date: _____

Historical / Special Interest nature of Vehicle: _____

DRIVER DETAILS: Name: _____

DRIVER'S LICENCE NO: _____ State: _____ Expiry Date: _____

DECLARATION

1. I/we certify that the above vehicle is registered and covered by third party property insurance (minimum), and that the driver holds a current driver's licence for this vehicle.
2. I understand that this request must be submitted by the last business day in March in the year requested for parade allocation and registration for insurance reasons.
3. I agree to report to the Transport Marshal at the intersection of Collins and Victoria Streets by **10:30am** on the 25th of April to be allocated a position in the parade.

Signature: _____ **Date:** _____

Printed Name: _____

The completed application is to be submitted by the last business day in March to:

The Secretary
Hobart ANZAC Day Commemorative Committee
ANZAC House
PO Box 147 or 206 Newtown Road
NEW TOWN TAS 7008 **Email:** HobartANZACDay@hotmail.com.au

*Registrations that do not provide mobile phone number, email address may not be processed and permission to participate may be refused.

The Committee reserves the right to refuse registration to any person or group not respecting the ANZAC Day Tradition. Full details of the tradition can be found at the Australian War Memorial website at <https://www.awm.gov.au/commemoration/anzac-day/traditions>

Registration is mandatory. Please ensure you bring a copy of your registration on the day or have a copy saved on your mobile phone.

By submitting this request the individual / Group/ Association accept the terms of registration outlined above.

Name of Individual / Group / Association applying for registration

Signature and full name of person applying for registration of Group /Association