State Final Readers Cup 2025

Please complete the following details for your team competing in the State Finals. Information is required as soon as possible to allow time for engraving of medallions.

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| --- | --- |
| **Age Group**  Eg 5/6; 7/8 or 9/10 |  |
| **Regional Competition**  Eg Gold Coast, Brisbane South |  |
| **School Name:** |  |
| **School Address:** |  |
| **Co-ordinator’s Name:** |  |
| **Co-ordinator’s email:** |  |
| **Co-ordinator’s mobile no.:**  **(in case contact is needed on the day of the competition)** |  |
| **Name of Competitor**  Eg Jack Brown |  |
| **Name of Competitor** |  |
| **Name of Competitor** |  |
| **Name of Competitor** |  |
| **Name of Competitor** |  |

Please email back to – [qld@cbca.org.au](mailto:qld@cbca.org.au)