Walk N Talk Competition Entry Form

Contact Information		
Name		
Contact number		
Email address		
Student or Staff		
School or Programme		
Name of location (and please describe where exactly it is located on campus)		
Brief description of fur	n fact about the location or other point(s) of interest	

Agreement and Signature Please indicate that you give Campus Connections Actearoa permission to use the information provided for the purposes of the mentoring programme: Yes No Complete the area below and send entry to: campus.connections@auckland.ac.nz Name (printed) Signature Date	Insert photo here		
Please indicate that you give Campus Connections Aotearoa permission to use the information provided for the purposes of the mentoring programme: Yes No Complete the area below and send entry to: campus.connections@auckland.ac.nz Name (printed) Signature			
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Date	Signature		
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