

**PERFORMERS, FILM MAKERS AND COMMUNITY
EXPRESSION OF INTEREST FORM**

Contact Details:

Name: _____

Organisation: _____

Mailing Address: _____

_____ Postcode: _____

Phone: _____ Mobile: _____

ABN: _____ Email: _____

How do you want to participate at HOSW8?

- Film Screening
- Performance
- Yarning Circle

