

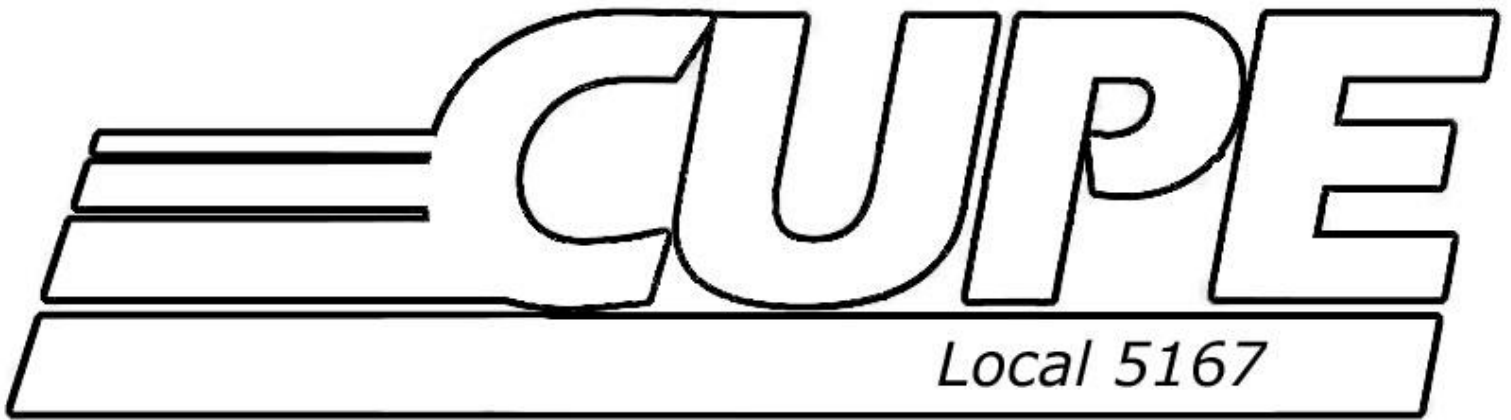


Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Member if app: \_\_\_\_\_ Unit: \_\_\_\_\_

## Scoop Colouring Contest

Please submit the original to Jodi Coville by November 30<sup>th</sup> , 2018 at the Union Hall.



**Hamilton. Our City. Our Union.**

