



2018 Quit and Win Competition Declaration

Participant

Surname: _____ First name: _____

Sex: male female Age: _____

Address: _____

Phone: _____

NSW Quitline Reference Number _____

I have abided by all rules of this campaign, and I have not smoked between 3 October 2018 and 28 October 2018.

Signature of participant: _____

Support Person

Surname: _____ First name: _____

Sex: male female Age: _____

Address: _____

Phone: _____

Relationship to the Participant:

Partner Relative Friend Colleague

Others (please specify) _____

I have supported, encouraged and witnessed the participant between 3 October 2018 and 28 October 2018. I declare they have not smoked during this time. I understand that a false declaration will result in disqualification for both the participant and support person.

Signature of support person: _____