 NATIONAL EISTEDDFOD OF SOUTH AFRICA™

**SINGLE**

**ITEM NR.**

**MULTIPLE PARTICIPANTS**

[*www.eisteddfod.co.za*](http://www.eisteddfod.co.za)

**Closing date for HARD COPY entries: 10 June 2017 / ONLINE entries ONLY: 30 June 2017**

ENTRY FORM FOR SINGLE ITEM NUMBER WITH MULTIPLE PARTICIPANTS

**(For use by class teachers for participants with ONE entry only!)**

**A. KINDLY TICK THE APPROPRIATE BOX.**

|  |  |  |  |
| --- | --- | --- | --- |
| A.1. P**articipants on this list are from the same school/studio and are entered for the same item.** They will participate in the local area / timeframe as selected by this school/studio. Communication about these entries will go to this school/studio. This name will be printed on the certificates. If **“YES”, p**rovide the name of the school/studio in column on the right (If NO, use entry form for individual entries). | YES | NO | **IF “YES”, name of school/studio:** |

*Important: Provide the appropriate code next to the name of any participant with a different ability*

**B. DETAILS OF ITEM NUMBER FOR THIS ENTRY:**

CATEGORY SECTION NUMBER GRADE CODE

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Disability Code\* | **Names of Participants** | **Entry fee** | **Grade** | **Cell. No. (Parent)** | **COMPULSORY INFORMATION:**  *ID Number\*\**  or *Date of Birth* | | | | | | | | | | | | | |
| Year | | Month | | Date | | Male / Female | | | |  | | | |
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| **DISABILITY CODE\*** | |
| Blind/Partially Sighted | A |
| Deaf/Hard of Hearing | B |
| Intellectually challenged | C |
| Learning disabled | D |
| Physically challenged | E |

|  |  |
| --- | --- |
| **ID NUMBER\*\*** | |
| First 6 numbers = **Date of birth** as YMD | |
| Numbers 7 – 10 = **Gender** | |
| **Female** | 4999 or less |
| **Male** | 5000 or greater |

**C. DETAILS OF PAYMENT: *Please indicate with √ in appropriate blocks where applicable***

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| CASH | CHEQUE | E  F  T | DATE OF ELECTRONIC TRANSFER | COMPULSORY:  Provide Reference Number for Institution on the deposit slip.  Fax proof of transfer to [011] 787 3534 | Reference Number for Institution | | | Entry fee due: R\_\_\_\_\_\_\_\_\_ | Bank: ABSA | Account Name: National Eisteddfod Academy |
| \_\_\_\_/\_\_\_\_/2017 |  |  |  | Branch: Northcliff  Code: 33 47 05 | Account Number: 404 747 8448  Type: Current Account |
|  |  |  |  | ***Cheques should be made payable to*  National Eisteddfod Academy** | | | | | POSTAL ADDRES: | PO BOX 1288, RANDBURG, 2125 |

*I accept the Rules and Regulations of the National Eisteddfod Academy as outlined in the Prospectus for this event and on the web page. I accept the decision of the NEA management about all matters regarding this event. I accept that the NEA and its host venues are indemnified against any loss, theft of injury sustained during this festival. I hereby authorize the NEA to use recordings / pictures of performances at some of NEA events on the NEA’s social platforms and website.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*NAME IN PRINT SIGNATURE DATE*