



NATIONAL EISTEDDFOD OF SOUTH AFRICA™

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!)

**SINGLE
ITEM NR.**

**MULTIPLE
PARTICIPANTS**

A. KINDLY TICK THE APPROPRIATE BOX.

A.1. Participants 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", provide 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:
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B. DETAILS OF ITEM NUMBER FOR THIS ENTRY:

CATEGORY		SECTION NUMBER			GRADE CODE	
					-	

Brief description of item:

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

Disability Code*	Names of Participants	Entry fee	Grade	Cell. No. (Parent)	COMPULSORY INFORMATION: ID Number** or Date of Birth															
					Year		Month	Date		Male / Female										
1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				
9.																				
10.																				

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

CASH CHEQUE EFT	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:	Bank: ABSA	Account Name: National Eisteddfod Academy
	____/____/2017			R_____	Branch: Northcliff Code: 33 47 05	Account Number: 404 747 8448 Type: Current Account
Cheques should be made payable to National Eisteddfod Academy					POSTAL ADDRESS:	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 _____