NATIONAL EISTEDDFOD OF SOUTH AFRICA™

**MEDIUM & LARGE**

**GROUP**

**ENTRY**

**More than 10 participants**

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

MEDIUM / LARGE GROUP ENTRY FORM FOR 2017

 (Use **one** form per group)

**Closing date for HARD COPY entries: 10 June 2017**

1. **KINDLY TICK THE APPROPRIATE BOX.**

|  |  |  |  |
| --- | --- | --- | --- |
| A.1 Who is responsible for submitting this entry? (Select **one** of the 3 options in the columns on the right.  | SCHOOL  | STUDIO | PARENT |
| A.2. Provide the **NAME** of the option selected in A.1  |  |
| A.3 Who will submit the applicable entry fees to the NEA?  | SCHOOL  | STUDIO | PARENT |
| *IMPORTANT NOTICE: Dates of participation will in future be available ONLINE. Participant slips will therefore only be mailed ON REQUEST to the e-mail address of the responsible school / studio / parent (see A.2 above). It remains your obligation to contact the NEA if notification of performance dates has not been received at least 7 days prior to the starting date of events in your region. Please ensure to return the check list that will be sent to you for verification on time.*  |
| *Please forward copy of participant slip by email to address provided below:* | *YES* | *NO* | *I will collect participant slips at NEA office* |

|  |  |
| --- | --- |
| AREA FOR PARTICIPATION | **Will be determined by the information as submitted on the Registration form of the relevant institution / studio.** (*All communication about this entry will go to this school / studio / parent. This name will be printed on the certificate if no other information is provided in D*.)  |
| NAME OF CONTACT PERSON |  |
| AREA CODE & FAX NO.: |  | AREA CODE & TEL. NUMBER: |  |
| CELL. No. |  | E-MAIL ADDRESS: |  |

1. **CONTACT DETAILS OF THE INSTITUTION/INDIVIDUAL RESPONSIBLE FOR THIS ENTRY**

**C. DETAILS OF GROUP ITEM:** *(Please complete in print!)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF GROUP & GRADE (*as it should appear on the certificate*) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LANGUAGE OF COMMUNICATION: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME OF TEACHER / TRAINER |  |  |

 **IMPORTANT! *HOW MANY PARTICIPANTS IN THE GROUP? (Entry cannot be processed if this information is omitted).***

 ***Kindly provide the EXACT number or TICK the appropriate box.***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 11 – 20 | 21 – 30 | 31 – 40 | 41 – 50 | 51 – 60 | 61 – 80 | 81 – 100 | 101 – 200 | Full shows |
|  |  |  |  |  |  |  |  |  |

**D. DETAILS OF ENTRY:**

 CATEGORY SECTION NUMBER GRADE CODE

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  | **Brief description of item:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |
| --- | --- | --- | --- |
| ***\*****Does this group / any member of this group have a different ability? (please tick appropriate box)* |  **A Blind / Partially sighted** |  **C Intellectually challenged** |  **E Physically challenged** |
|  **B Deaf/Hard of Hearing** |  **D Learning disabled** | **Not Applicable** |
| **NB**!! If you wish the NEA to consider any particular request when scheduling your item, please complete and submit a **Special Request form with your entry.** **Any notes regarding “special requests” on this form will be disregarded**. | **New to the NEA?** |
| **YES** | **NO** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| How did you pay the entry fee?  | COMPULSORY: Provide the name of the group and/or the Ref. No. on the deposit slip. Fax proof of transfer to [011] 787 3534 | Reference Number for Institution | ENTRY FEE DUE |
| CASH | CHEQUE | EFT\* | \*DATE OF PAYMENT | R\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_/\_\_\_\_/2017 |  |  |  |

*I accept the Rules and Regulations of the National Eisteddfod Academy as outlined in the Prospectus and on the web page. I accept that entry fees are not refundable and that it remains my responsibility to contact the NEA if I have not received notification of performance dates at least 7 days prior to the starting date of events in my region. 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*

|  |
| --- |
| Banking details:*e made payable to*  National Eisteddfod Academy |
| Bank: ABSA | Account Name: National Eisteddfod Academy | Branch: Northcliff |
| Branch Code: 33 47 05 | Account Number: 404 747 8448 | Type: Current |
| POSTAL ADDRESS: | PO BOX 1288, RANDBURG, 2125 |  |
| FAX. NO. : 011 – 787-3534 | ***Cheques should be made payable to*  National Eisteddfod Academy** |

