SOUTH AFRICA	DIUM / LARGE GI (Use d	eisteddfod.co	<u>.za</u> FORM roup)	FOR 2		LA GF EI More	DIUM & ARGE ROUP NTRY e than 10 ticipants
A.1 Who is responsible for subi columns on the right.		ct one of the 3 opti	ons in the	1	SCHOOL	STUDIO	PARENT
A.2. Provide the NAME of the c							
A.3 Who will submit the applica MPORTANT NOTICE: Dates of participation will in future be av	•				SCHOOL	STUDIO	PARENT
Please forward copy of participant	Will be determined by th institution / studio. (<i>All c</i>	e information as su	this entry w	the Regis	stration form		ant
NAME OF CONTACT PERSON	be printed on the certificat	te if no other informat	ion is provi	ded in D.)			
AREA CODE & FAX NO.:		AREA CODE & TEL	NUMBER	:			
CELL. No.		E-MAIL ADDRESS:	-				
CONTACT DETAILS OF DETAILS OF GROUP IT NAME OF GROUP & GRADE it should appear on the certific NAME OF TEACHER / TRAIN NAME OF TEACHER / TRAIN	EM: (Please complete (as	e in print!)				LANGUAG COMMUN mitted).	-
indly provide the EXACT numbe	er or TICK the appropriate	box.		1			hows
11 - 20 21 - 30	31 - 40 41 - 50	51-60 6	1 – 80	81 – 10	00 101 -	200 1013	10003
DETAILS OF ENTRY:	TION NUMBER GR	ADE CODE					

*Does this group / any member of this group have a	Α	Blind / Partially sighted	С	Intellectually challenged	Ε	Physically	challenged
different ability? (please tick appropriate box)		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							NEA?
Special Request form with your entry. Any notes regarding "special requests" on this form will be disregarded					Y	/ES	NO

E. DETAILS OF PAYMENT: Please indicate with $\sqrt{}$ in appropriate blocks where applicable

How did you pay the entry fee?		ay the entry fee?	COMPULSORY:	Reference Nu Institution	mber for	ENTRY FEE DUE	
ВH	QUE	E	*DATE OF PAYMENT	Provide the name of the group and/or the Ref. No. on the deposit slip. Fax proof of transfer to			
CAS	CHE	T *	//2017	[011] 787 3534			R

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:			
	Bank: ABSA	Account Name: National Eisteddfod Academy	Branch: Northcliff	They
	Branch Code: 33 47 05	Account Number: 404 747 8448	Type: Current	TTR. 27
	POSTAL ADDRESS:	PO BOX 1288, RANDBURG, 2125		1 MARTEN
FAX. NO. : 011 – 787-3534		Cheques should be made payable to Natio	nal Eisteddfod Academy	NFA