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| NATIONAL EISTEDDFOD OF SOUTH AFRICA™[*www.eisteddfod.co.za*](http://www.eisteddfod.co.za)SMALL GROUP ENTRY FORM FOR 2017**Complete all Sections – use ONE form per group****Small Group entries only 2-10 participants****Closing date for HARD COPY entries: 10 June 2017**1. **RESPONSIBLE PERSON / INSTITUTION**

|  |  |  |  |
| --- | --- | --- | --- |
| 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.2 Who will submit the applicable entry fees to the NEA?  | SCHOOL  | STUDIO | PARENT |
| *NOTE: You will participate in the region / local as selected by the registered school / studio / parent in A2.* (*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*.)  |
| *IMPORTANT NOTICE: Individual participant slips will in future 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.*  |

 | B. Contact details for trainer / institution / studio / parent responsible of this entry

|  |  |
| --- | --- |
| School/studio/parent |  |
| Area code & fax no.: |  | Area code & tel. No: |  |
| Cell. No. |  | E-mail address: |  |

**C. DETAILS OF ENTRY:**  CATEGORY SECTION NUMBER GRADE CODE ENTRY FEE

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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 *Number of participants:*

|  |  |  |  |
| --- | --- | --- | --- |
| Means of payment | CASH | CHEQUE | EFT |
| Date of payment |  \_\_\_\_\_\_/\_\_\_\_\_\_\_/ 2017 |

 **NB**!! Complete a **Special Request form** and attach to this entry if you wish the NEA to consider a particular request when scheduling your items. **Do NOT make any notes in this regard on this entry form as it will not be considered**. |
| 1. **DETAILS OF PARTICIPANTS FOR THIS ITEM (A maximum of 10 participants can be entered in an ensemble, small group or medium sized group:** *(Please complete in clear print!)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Disability Code\*** | Namesofparticipants | Grade | Cell. No. of Parent | Name of School  | **COMPULSORY INFORMATION:** *ID Number*  or *Date of Birth* |
| Year | Month | Date | Male / Female |  |
|  |  |  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Closing dates for HARD COPY entries: Early Bird Fee: (15 May) / Standard fee: 10 June 2017**  |

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

|  |
| --- |
| **DISABILITY CODE\*** |
| Blind/Partially Sighted | A |
| Deaf/Hard of Hearing | B |
| Intellectually challenged | C |
| Learning disabled | D |
| Physically challenged | E |

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

*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. 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.*

|  |  |  |
| --- | --- | --- |
| Bank: ABSA | Account Name: National Eisteddfod Academy | Branch: Northcliff |
| Branch Code: 33 47 05 | Account Number: 404 747 8448 | Type: Current |

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

*Name in Print Signature Date*