



ENTRY FORM - DANCE

ABN: 25 536 393 358

ENTRIES CLOSE: 10 March 2019

Entrant's Details Date of Birth: / / Age (at 1 January 2019) :

First Name: Family Name:

Address:

Town: State: Postcode:

Home Telephone: Mobile:

Email:

Any Special Needs (if any) :

Teacher / Studio's Details Phone:

Teacher /Studio Name:

Copyright (if using copied backing tracks) - Teacher's AMCOS license number:

ENTRY FEES (per section): <ul style="list-style-type: none">\$8 each for solo in age / open section\$9 for a Championship section	<ul style="list-style-type: none">\$9 total for a duo / trio\$11 total for a group / ensemble	Late entries will be accepted up to a week (7 calendar days) after the closing date, but will be charged <u>double</u> the entry fee.
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Section Number	Section Name	Names of Partner/s (Duos and Trios only) OR Number in Group	Fee
			\$
			\$
			\$
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			\$
			\$
			4
			\$
			\$
			\$

			\$
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			\$
			\$
			\$
CD/Tape playing fee (\$0.50 for one solo or a total of \$3.00)			\$
Yes, I would like a Program (\$5.00 each + \$3.00 postage)			\$
Yes, I would like to sponsor a trophy at \$6.00 each			\$
Receipt Wanted <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL \$

PLEASE NOTE: *In the interests of modesty, all dancers (male and female) are strongly encouraged to wear dance tights during their performances. We want our eisteddfod to continue to be a family orientated event.*

Declaration

Please tick each boxes to show you understand and agree.

- I agree to the *Rules and Conditions of Entry*.
- I understand that the use of tape recorders, video cameras, cameras or mobile phone cameras by members of the audience in the auditorium during the eisteddfod is illegal and strictly prohibited.
- By submitting an entry, the entrant automatically grants permission for the Society to:
 - a. record, film, broadcast, telecast, videotape or photograph any entrant, item or event in the eisteddfod without notification; and
 - b. use their image for publicity or promotional purposes.
- I agree to take reasonable care for my own safety and health and that of the person/people I am entering during the eisteddfod.

Name: _____ Signature _____

Date: ____/____/____

<p>Dance Eisteddfod Co-ordinator:</p> <p>Name: Diana Welch Phone: (02) 6643 3384 (<i>business hours</i>) Email: graftoneisteddfod@gmail.com</p>	<p>Website: graftoneisteddfod.org.au Facebook: Grafton eisteddfod Mail: PO Box 124, Grafton, NSW, 2460</p> <p>PLEASE: Keep a copy of your entry form.</p>
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Direct Deposit Details:		
Bank: Banana Coast Credit Union	BSB: 533000	Account: 101534 (Grafton Eisteddfod Society)

Office Use Only:	Date Received: ____/____/____	By: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order Receipt No: _____ Posted: ____/____/____		