



NATIONAL EISTEDDFOD OF SOUTH AFRICA™

www.eisteddfod.co.za

SMALL GROUP ENTRY FORM FOR 2017
Complete all Sections – use ONE form per group

Closing date for HARD COPY entries: 10 June 2017

Small Group entries only 2-10 participants

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
R

Number of participants:

Means of payment	C A S H	CHEQUE	E F T
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.**

A. 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
<i>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.)</i>			
<i>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.</i>			

D. 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*	Names of participants	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.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				
9.																				
10.																				

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*

Closing dates for HARD COPY entries: Early Bird Fee: (15 May) / Standard fee: 10 June 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. 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 _____

