

PART 14:

Registration, Entry Forms

Video Entries 2019

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NATIONAL EISTEDDFOD OF SA®

VIDEO ENTRY REGISTRATION FORM 2019

Kindly complete ALL Sections. Kindly include a copy of this form with your entry form(s), proof of payment and entries when submitting your entries.

Participants are requested to e-mail copies of these documents in advance to entry@eisteddfod.co.za or fax: 011-787-3534. This will assist the NEA Office in tracking your entries.

Video entries should reach the NEA Office before 16:00 on 20 Sep 2019.

PART 1: Details of school / institution

Kindly check the correctness of the information below. Please correct or update where necessary.

A. ADDRESS AND CONTACT DETAILS: (Please print clearly)

NAME OF SCHOOL / INSTITUTION / STUDIO / PARENT	
CURRENTLY SELECTED REGION:	EISTEDDFOD IN THE CLOUD
CURRENTLY SELECTED LOCAL AREA	EISTEDDFOD IN THE CLOUD

POSTAL ADDRESS		CODE:			
E-mail ADDRESS (school)					
PHYSICAL ADDRESS: STREET & NUMBER					
GPS Co-ordinates	N/a				
RESIDENTIAL AREA /TOWN					
TEL. NO.		FAX NO.		TELEFAX NO.	

Kindly indicate which of the following school calendars apply to your institution, or learners from your studio (where applicable).

PUBLIC SCHOOL CALENDAR		3 TERM CALENDAR		4 TERM CALENDAR		OTHER	
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B. DETAILS OF CONTACT PERSON / REPRESENTATIVE / PARENT:

NAME OF REPRESENTATIVE			
TELEPHONE NUMBER (Work)		FAX NO. (Work)	
CONTACT NUMBER (After hours)	HOME:	CELL:	
E-MAIL ADDRESS of REPRESENTATIVE			When is your birthday? Day: Month:

C. PLEASE INDICATE IN WHICH FORMAT YOU WILL SUBMIT YOUR VIDEO RECORDING(S):

HAND DELIVERY	Multi-media Card		Flash disk		DVD recording	
BY MAIL / COURIER	Multi-media Card		Flash disk		DVD recording	
INTERNET CLOUD-BASED COMPUTER FILE TRANSFER SERVICE	DropBox		WeTransfer		Other	

.....
Headmaster / Eisteddfod Representative / Parent

...../...../2019
Date



NATIONAL EISTEDDFOD OF SOUTH AFRICA®

www.eisteddfod.co.za

EISTEDDFOD IN THE CLOUD

Closing date for VIDEO entries: 20 Sep 2019

INDIVIDUAL VIDEO ENTRIES 2019

**Use for
Individual
VIDEO
entries
ONLY**

A. INSTITUTION OF BILLING

A.1 Who is responsible for submitting and paying for this entry?	SCHOOL	STUDIO	PARENT
A.2. Please complete and attach a Registration form for this school/studio/parent to this entry form (Important: entries will not be accepted without a registration form and proof of payment)			
A.3 Please provide the name of the responsible person:			
A.4 Contact number for the responsible person:			
A.5 E-mail address of the responsible person:			

B. PROFILE OF PARTICIPANT

NAME							SURNAME						
COMPULSORY INFORMATION: Entries cannot be processed without at least the Date of Birth. (The ID Number is optional and will not be required.)													
ID number or Date of birth	YEAR	MONTH	DAY	Female	Male								
NAME OF SCHOOL	(This refers to the public / private school the participant is attending.)												
School Grade (when applicable)							Language of communication						
E-mail of parent / participant													
Cell No. of parent (1)	_____						Cell of parent (2) or participant:	_____					
*Kindly provide the disability code where applicable	*	A Blind / Partially sighted			C Intellectually challenged			E Physically challenged					
		B Deaf/Hard of Hearing			D Learning disabled			Not Applicable					
New to the NEA?	YES						NO						

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 hereby authorize the NEA to use recordings / pictures of performances made for adjudication in the National Eisteddfod on the NEA's social media platforms and website.

Name in Print _____ Signature _____ Date _____

C. DETAILS OF ENTRY / ENTRIES

Example	W	A	0	2	2	0	5	6	0	9	Grade	Section Number	Name of the trainer / studio to be used as "Trained by" institution on certificate	
													Category	Grade Code
1.														E.g. "The Music Studio"
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														

More entries may be added on additional pages. Clearly provide your name on all additional pages.

VIDEO ENTRY FEE PER INDIVIDUAL ITEM:

Number of entries	Entry fee	TOTAL AMOUNT DUE
X	R	R

DETAILS OF PAYMENT: Please indicate with ✓ in appropriate blocks where applicable

CASH	CHEQUE	EFT	DATE OF ELECTRONIC TRANSFER	COMPULSORY: Provide name of participant as reference on the deposit slip. Fax proof of payment to [011] 787 3534 / e-mail to entry@eisteddfod.co.za	Name of Participant
			____/____/2019		
Entry fee due: R _____			Bank: ABSA	Account Name: National Eisteddfod Academy	
Branch: Northcliff Code: 33 47 05			Account Number: 404 747 8448 Type: Current Account		
POSTAL ADDRESS: _____			PO BOX 1288, RANDBURG, 2125		





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EISTEDDFOD IN THE CLOUD

Closing date for VIDEO entries: 20 Sep 2019

**Small Group
VIDEO
entries only
2-10
participants**

SMALL GROUP VIDEO ENTRY FORM FOR 2019

Complete all Sections – use ONE form per group

A. INSTITUTION OF BILLING

A.1 Who is responsible for submitting and paying for this entry?	SCHOOL	STUDIO	PARENT
A.2. Please complete and attach a Registration form for this school/studio/parent to this entry form (Important: entries will not be accepted without a registration form and proof of payment)			
A.3 Please provide the name of the responsible person:			
A.4 Contact number for the responsible person:			
A.5 E-mail address of the responsible person:			

B. Contact details for the trainer responsible for this entry

Trainer			
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

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

Means of payment	C A S H	CHEQUE	E F T
Date of payment	____/____/2019		
Please attach proof of payment to this entry			

D. DETAILS OF PARTICIPANTS FOR THIS ITEM (A maximum of 10 participants can be entered in an ensemble or small group:

(Please complete in clear print!)

Disability Code*	Names of participants	Grade	Cell. No. of Parent	Name of School	COMPULSORY INFO: <i>Date of Birth (ID Number is optional)</i>															
					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.																				

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 hereby authorize the NEA to use recordings / pictures of performances at NEA events on the NEA's social media 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 _____





NATIONAL EISTEDDFOD OF SOUTH AFRICA®

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EISTEDDFOD IN THE CLOUD

MEDIUM / LARGE GROUP VIDEO ENTRY FORM FOR 2019 (Use **one** form per group)

MEDIUM & LARGE GROUP VIDEO ENTRY
More than 10 participants

Closing date for VIDEO entries: 20 Sep 2019

A. INSTITUTION OF BILLING

A.1 Who is responsible for submitting and paying for this entry?	SCHOOL	STUDIO	PARENT
A.2. Please complete and attach a Registration form for this school/studio/parent to this entry form (Important: entries will not be accepted without a registration form and proof of payment)			
A.3 Please provide the name of the responsible person:			
A.4 Contact number for the responsible person:			
A.5 E-mail address of the responsible person:			

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

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

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

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

Kindly provide the EXACT number of participants in 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)	<input type="checkbox"/> A Blind / Partially sighted	<input type="checkbox"/> C Intellectually challenged	<input type="checkbox"/> E Physically challenged
	<input type="checkbox"/> B Deaf/Hard of Hearing	<input type="checkbox"/> D Learning disabled	<input type="checkbox"/> Not Applicable
			New to the NEA?
			YES <input type="checkbox"/> NO <input type="checkbox"/>

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 indicated in Section B as reference on the deposit slip. Fax proof of payment to [011] 787 3534 or e-mail to entry@eisteddfod.co.za .	ENTRY FEE DUE
CASH	CHEQUE	EFT		R_____
*DATE OF PAYMENT ____/____/2019				

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NAME IN PRINT _____

SIGNATURE _____

DATE _____

Banking details:

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	