



National Eisteddfod of South Africa®

# Prospectus 2024



PART 14  
Forms & Fees

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Celebrating 27 years of Youth Development in the Arts since 1997

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# **PART 14:**

## **Registration, Entry Forms & Hard Copy Entry Fees 2024**

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# REGISTRATION & ENTRY FORMS FOR 2024

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### **IMPORTANT:**

**In order to prevent any confusion or misunderstanding, only the entry fees for HARD COPY entries have been used on the various entry forms in this document.**

**For more info about the cheaper ONLINE entry fees go to [www.eisteddfod.co.za](http://www.eisteddfod.co.za) (Also refer to the complete details of entry fees below).**

**Hard copy entries refer to any entry completed on *paper* and is then hand delivered, faxed or e-mailed.**

## ENTRY FEES AND CLOSING DATES 2024

- In order to qualify for the fee as listed below, proof of payment should reflect a date before the **cut-off** date of the various entry types (e.g. Early Bird, etc.)
- The entry fees and closing date for entries for **2024** are as follows\*:

<b>Individual, Ensemble, Small and Medium Sized Group Entries</b>								
	<b>ONLINE ENTRIES</b>					<b>HARDCOPY ENTRIES</b>		
	<b>Deadline: Early Bird Online entry (LIVE   VIRTUAL   VIDEO   ART)</b>	<b>Deadline: Standard Online entry LIVE   VIRTUAL   VIDEO   Art</b>	<b>Deadline: Late Bird Online entry LIVE   VIRTUAL  VIDEO   Art</b>	<b>Deadline: Lost Bird Online entry LIVE   VIRTUAL  VIDEO   Art</b>	<b>FINAL Deadline Online entry VIDEO   Art</b>	<b>Deadline : Hardcopy LIVE   VIRTUAL   VIDEO   Art</b>	<b>Deadline: Late Bird Hardcopy Video   Art</b>	<b>FINAL Deadline Hardcopy VIDEO   Art</b>
	<b>31 May</b>	<b>31 July</b>	<b>9 Aug</b>	<b>31 Aug</b>	<b>20 Sep</b>	<b>31 July</b>	<b>9 Aug</b>	<b>20 Sep</b>
<b>Art Entries</b>	R 200	R 210	R 220	R 235	R 240	R 240	R 250	R 295
<b>Video Entries</b>	R 200	R 210	R 220	R 235	R 240	R 240	R 250	R 295
<b>NEA Confidence Builder</b> (1 participant)	R 110	R 120	R 145			R 155		
<b>Individual entries</b> (1 participant)	R 205	R 220	R 250	R 270		R 270		
<b>Ensemble groups</b> (2 – 5 participants)	R 280	R 295	R 330	R 355		R 355		
<b>Small groups</b> (6 – 10 participants)	R 340	R 370	R 420	R 440		R 440		
<b>Medium sized groups</b> (11 – 20 participants)	R 375	R 400	R 450	R 480		R 480		
<b>Live &amp; Video entries - Large groups (entry fee as per number of participants)</b>								
21 – 30 participants	R 395	R 430	R 485	R 520		R 500		
31 – 40 participants	R 430	R 465	R 525	R 555		R 535		
41 – 50 participants	R 460	R 495	R 565	R 590		R 555		
51 – 60 participants	R 520	R 565	R 630	R 650		R 620		
61 – 80 participants	R 600	R 650	R 720	R 745		R 700		
81 – 100 participants	R 670	R 720	R 800	R 830		R 780		
101 – 200 participants	R 780	R 850	R 920	R 945		R 890		
<b>Full shows / productions</b>	R 2090	R 2250	R 2465	R 2600		R 2370		

**IMPORTANT: Unprepared items (e.g. Unprepared Reading, Improvisation, etc.) CANNOT be submitted as video entries.**

### Submission of video and art entries:

Video and art entries will be adjudicated in three sessions. Video entries should be submitted on **YouTube** before any one of the following dates. A link to the YouTube video should be emailed to [entry@eisteddfod.co.za](mailto:entry@eisteddfod.co.za). (See “Other Fees and Charges for 2024” in Part 1 for contact and banking details, as well as more info regarding per hand and courier delivery.)

- Session 1: 31 Jul 2024**
- Session 2: 30 Aug 2024**
- Session 3: 20 Sep 2024**

\* An extension of closing dates (if any) will be announced on the website and Facebook

For more information about submitting video entries refer to *Guidelines and requirements for video recorded entries* in Part 1 of the Prospectus.



## **SUMMARY AND DESCRIPTION: HARD COPY ENTRY FORMS 2024**

### **REGISTRATION FORM 2024**

To be completed by all individuals / participating bodies.

*Please note that you can also register ONLINE on the website: [https:// www.eisteddfod.co.za](https://www.eisteddfod.co.za).*

### **ENTRY FORM FOR NEA CONFIDENCE BUILDER 2024**

To be used for Confidence Builder entries only.

### **ENTRY FORM FOR INDIVIDUAL ENTRIES 2024**

To be used for single / multiple entries of ONE participant.

### **SPECIAL REQUEST FORM FOR INDIVIDUAL PARTICIPANTS 2024**

To be used for single / multiple entries of ONE participant.

### **ENTRY FORM FOR MULTIPLE INDIVIDUAL ENTRIES WITH THE SAME ITEM NUMBER**

To be used for a *single entry number* with up to 10 participants.

### **SMALL GROUP ENTRY FORM 2024**

To be used for a group entry number with up to 10 participants.

### **LARGE GROUP ENTRY FORM 2024**

To be used for a groups with 11 and more participants.

### **SPECIAL REQUEST FORMS 2024**

To be completed for special requests to be considered during the scheduling of events.

## **Submission of entries on HARD COPY forms:**

Completed copies of entry forms and the relevant proof of payment can be send by e-mail to [entry@eisteddfod.co.za](mailto:entry@eisteddfod.co.za) to reach the NEA Office before the closing date for entries.

### **IMPORTANT:**

**DO NOT SUBMIT ENTRIES ONLINE AND IN HARD COPY format.** This will result in duplicate entries and duplicated cost! Proof of payment should be attached / included when submitting entries in hard copy format.

# NATIONAL EISTEDDFOD OF SA® - REGISTRATION FORM 2024

Kindly PROVIDE / UPDATE the information below ONLINE or on HARD COPY. When necessary, kindly return this form ASAP by e-mail: [register@eisteddfod.co.za](mailto:register@eisteddfod.co.za).

## **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	
CURRENTLY SELECTED REGION:	
CURRENTLY SELECTED LOCAL AREA	

POSTAL ADDRESS		CODE:	
E-mail ADDRESS (school)##			
PHYSICAL ADDRESS: STREET & NUMBER			
GPS Co-ordinates			
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	
------------------------	--	-----------------	--	-----------------	--	-------	--

### B. DETAILS OF CONTACT PERSON / REPRESENTATIVE:

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. PARTICIPANT SLIPS:

**Important: Participation details will be published *online* on your profile (Login with your USER CODE & PASSWORD). As a courtesy gesture, participant slips will e-mailed to registered participating institutions / individuals when explicitly selected below:**

Require e-mailed participant slips to the email address provided above (See ##)		Not required	
---------------------------------------------------------------------------------	--	--------------	--

## **PART 2:** Hosting of eisteddfod events

Kindly indicate if you would be able to host eisteddfod events at your school. (✓) If yes, the NEA office will contact you with more information:

	Cannot host any event in 2024 – will participate at venues as provided by the NEA.
	Willing to host eisteddfod events in 2024 – all participants welcome.
	Willing to host eisteddfod events in 2024, but only for learners from our school.

.....  
Headmaster

.....  
Eisteddfod Representative

...../...../2024  
Date

## PART 3

Kindly use the **2024** calendar below to indicate (\*) **UNAVAILABLE** dates for **PARTICIPATION** or **HOSTING** (where applicable) within the **proposed time frame**. (Please discuss alternative dates with the NEA Office when necessary.) Please consider ALL dates that will NOT BE AVAILABLE due to other pre-planned school commitments, holidays, Religious or Holy Days. If needed, you are welcome to propose alternative dates for eisteddfod activities in your region.

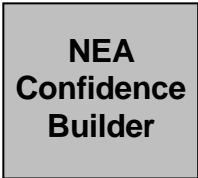
### Calendar for 2024: PLEASE MARK UNAVAILABLE DATES ONLY

July 2024 /	Mon 22	Tue 23 4 term Independent Schools reopen Public Schools Reopen	Wed 24	Thu 25	Fri 26	Sat 27
	Mon 29 July	Tue 30 July	Wed 31 July Session 1: Video & Art submission Closing date "Standard" entries	Thu 1 Aug	Fri 2 Aug	Sat 3 Aug
August 2024	Mon 5	Tue 6	Wed 7 Women's Day	Thu 8 3 term Independent Schools close	Fri 9 Women's Day Closing date "Late Bird" entries	Sat 10
	Mon 12	Tue 13	Wed 14	Thu 15	Fri 16	Sat 17
	Mon 19	Tue 20	Wed 21	Thu 22	Fri 23	Sat 24
	Mon 26	Tue 27	Wed 28	Thu 29	Fri 30 Session 2: Video & Art submission	Sat 31 Closing date "Lost Bird" entries
September 2024	Mon 2	Tue 3	Wed 4 3 term Independent Schools reopen	Thu 5	Fri 6	Sat 7
	Mon 9	Tue 10	Wed 11	Thu 12	Fri 13	Sat 14
	Mon 16	Tue 17	Wed 18	Thu 19	Fri 20 Public / 4 term Independent Schools close Closing date "Final deadline" Video & Art entries Session 3: Video & Art submission	Sat 21
	Mon 23	Tue 24 (Heritage Day)	Wed 25	Thu 26 Public Schools close	Fri 27	Sat 28
October 2023	Mon 30 Sep	Tue 1 Public School reopen	Wed 2	Thu 3	Fri 4	Sat 5
	Mon 7	Tue 8	Wed 9 4 term Independent Schools reopen	Thu 10	Fri 11	Sat 12
	Mon 14 NEA Showcase 1 – Roodepoort Theatre	Tue 15 NEA Showcase 2 – Roodepoort Theatre	Wed 16 NEA Showcase 3 – Roodepoort Theatre	Thu 17 NEA Showcase 4 – Roodepoort Theatre	Fri 18	Sat 19



# NATIONAL EISTEDDFOD OF SOUTH AFRICA®

[www.eisteddfod.co.za](http://www.eisteddfod.co.za)



## NEA CONFIDENCE BUILDER - ENTRY FORM

Complete all Sections

### 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 <b>Registration form</b> 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					
<b>COMPULSORY INFORMATION: Entries cannot be processed without an ID Number OR Date of Birth</b>										
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 and could be the same as in A2)									
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			F Not Applicable		

CATEGORY	Select <input checked="" type="checkbox"/>
Vocal Solo	
Instrumental solo	
Afrikaans	
English	
IsiNdebele	
IsiXhosa	
IsiZulu	
Sepedi	
Sesotho	
Setswana	
SiSwati	
TshiVenda	
XiTsonga	

Confidence Builder: Speech and Drama items	
Solo verse speaking (poetry)	9000
Prose	9001
Poetry ensemble	9002
Prepared reading	9003

Confidence Builder: Music items	
Vocal Solo with piano accompaniment	9004
Instrumental solo (acoustical instruments only)	9005
Instrument: (e.g. piano, recorder,) when applicable:	

Item Code:	Entry fee
<input checked="" type="checkbox"/>	
9000	
9001	
9002	
9003	

9004	
9005	
TOTAL:	

Grade:	
--------	--

**HARD COPY ENTRY FEE: R 155.00**  
**Closing date for hardcopy entries: 31 July 2024**

**Please note: Hard copy entry refers to entry on paper submitted by fax or e-mail.**

I accept that NO changes of the performance date will be allowed once the schedule has been finalized and that entry fees are **not refundable**. I accept the Rules applicable to the Confidence Builder as outlined in the Prospectus. I accept that the NEA and its host venues are indemnified against any loss, theft of injury sustained during this festival.

NAME IN PRINT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_







# NATIONAL EISTEDDFOD OF SOUTH AFRICA®

[www.eisteddfod.co.za](http://www.eisteddfod.co.za)

**Closing date for HARD COPY entries: 31 July 2024**  
**INDIVIDUAL ENTRIES 2024**

Use for  
Individual  
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 <b>Registration form</b> 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 a Date of Birth

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	F Not Applicable

NB!! If you wish the NEA to consider any particular request when scheduling your items, please complete the <b>Special Request form on the next page</b> . Any notes regarding "special requests" on this entry form will be disregarded.	<b>New to the NEA?</b>	
	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 and that participation details will be published **online**. I accept 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 NEA events 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 Code	Name of the trainer / studio to be used as "Trained by" institution on certificate
												SECTION NUMBER
												E.g. "The Music Studio"
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												

**IMPORTANT NOTICE:** Participation details will be published **ONLINE**. Individual participant slips will only be mailed on **REQUEST** to the e-mail address of the responsible school / studio / parent when requested on the Registration Form (see A.2 above). NB! Contact the NEA office if notification of performance dates has not been received at least 7 days prior to the starting date of events in your region. More entries may be added on additional pages. Clearly provide your name on all additional pages.

### HARDCOPY ENTRY FEE PER INDIVIDUAL ITEM:

Hardcopy live entry fee (until 31 July 2024): R 270  
 Video / Art Late Bird hardcopy (until 09 Aug 2024): R 250  
 Video/Art Final Deadline for entries (29 Sep): R 295

Number of entries	Entry fee	TOTAL AMOUNT DUE
X	R	R

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

CASH	CHECK	E F T	DATE OF ELECTRONIC TRANSFER	COMPULSORY: Provide name of participant as reference on the deposit slip. Email proof of payment to entry@eisteddfod.co.za	Name of Participant
			____/____/2024		
Entry fee due: R _____			Bank: ABSA	Account Name: National Eisteddfod Academy	
Branch: Clearwater Code: 632-005			Account Number: <b>404 747 8448</b> Type: Current Account		
POSTAL ADDRESS:			PO BOX 1288, RANDBURG, 2125		





## SPECIAL REQUEST FORM 2024 FOR INDIVIDUAL PARTICIPANTS AND GROUPS

**For attention: Manager: Administration  
National Eisteddfod Academy**

Name of participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I / We kindly request the scheduling of events to accommodate the following activities during the festival period ***IF and WHEN possible***: (Please note: Only activities where the timeframe is fixed and available in *advance* can be accommodated (e.g. participation in provincial / national events, external exams, etc.)

NATURE OF ACTIVITY (Provide a brief description of the activities and/or motivate your request)	ACTIVITY DATE(S)
	(Block out the <b>UNAVAILABLE</b> dates on the calendar below.)

### Calendar for 2024: **BLOCK OUT DATES THAT ARE NOT AVAILABLE**

July 2024	Mon 22	Tue 23	Wed 24	Thu 25	Fri 26	Sat 27
	Mon 29	Tue 30	Wed 31	Thu 1 Aug	Fri 2 Aug	Sat 3 Aug
August 2024	Mon 5	Tue 6	Wed 7	Thu 8	Fri 9	Sat 10
	Mon 12	Tue 13	Wed 14	Thu 15	Fri 16	Sat 17
	Mon 19	Tue 20	Wed 21	Thu 22	Fri 23	Sat 24
	Mon 26	Tue 27	Wed 28	Thu 29	Fri 30	Sat 31
September 2024	Mon 2	Tue 3	Wed 4	Thu 5	Fri 6	Sat 7
	Mon 9	Tue 10	Wed 11	Thu 12	Fri 13	Sat 14
	Mon 16	Tue 17	Wed 18	Thu 19	Fri 20	Sat 21
	Mon 23	Tue 24	Wed 25	Thu 26	Fri 27	Sat 28
October 2024	Mon 30 Sep	Tue 1 Oct	Wed 2	Thu 3	Fri 4	Sat 5
	Mon 7	Tue 8	Wed 9	Thu 10	Fri 11	Sat 12
	Mon 14	Tue 15	Wed 16	Thu 17	Fri 18	Sat 19

***Please note: Incomplete forms cannot be processed.***

**IMPORTANT: SPECIAL REQUESTS SHOULD BE SUBMITTED WITH THE ENTRIES, BUT NOT LATER THAN**

**31 JULY 2024**

**Although the NEA will attempt to accommodate all reasonable requests, NO guarantee can be provided.**





# NATIONAL EISTEDDFOD OF SOUTH AFRICA®

[www.eisteddfod.co.za](http://www.eisteddfod.co.za)

Closing date for HARD COPY entries: 31 July 2024

## ENTRY FORM FOR MULTIPLE INDIVIDUAL ENTRIES WITH THE SAME ITEM NUMBER (For use by class teachers for participants with ONE entry only!)

**SINGLE  
ITEM NR.**

**MULTIPLE  
PARTICIPANTS**

### A. KINDLY TICK THE APPROPRIATE BOX.

A.1. Have you completed and attached a copy of the <b>Registration form</b> to this entry form? ( <b>Important:</b> entries will not be accepted without a registration form and proof of payment)	YES	NO	Name of school/studio:
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----	----	------------------------

### B. DETAILS OF ITEM NUMBER FOR THIS ENTRY:

CATEGORY				SECTION NUMBER				GRADE CODE	
								-	

Brief description of item: .....

Disability Code*	Names of Participants	Entry fee	Grade	Cell. No. (Parent)	Year		Month		Date		Male	Female
1.		R 270										
2.		R 270										
3.		R 270										
4.		R 270										
5.		R 270										
6.		R 270										
7.		R 270										
8.		R 270										
9.		R 270										
10.		R 270										

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*

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

CASH	CHEQUE	E F T	DATE OF ELECTRONIC TRANSFER	COMPULSORY: Provide name of the school / studio indicated above as reference on the deposit slip. Fax proof of payment to [011] 787 3534 or e-mail to <a href="mailto:entry@eisteddfod.co.za">entry@eisteddfod.co.za</a>	Total Entry fee due: R_____	Bank: ABSA	Account Name: National Eisteddfod Academy
			____/____/2024			Branch: Clearwater Code: 632-005	Account Number: 404 747 8448 Type: Current Account
						POSTAL ADDRESS:	PO BOX 1288, RANDBURG, 2125

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 NEA events on the NEA's social platforms and website.

NAME IN PRINT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_







# NATIONAL EISTEDDFOD OF SOUTH AFRICA™

[www.eisteddfod.co.za](http://www.eisteddfod.co.za)

## MEDIUM / LARGE GROUP ENTRY FORM FOR 2024

(Use **one** form per group)

Closing date for HARD COPY entries: see website

**MEDIUM &  
LARGE  
GROUP  
ENTRY**  
More than 10  
participants

### 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 <b>Registration form</b> 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 – do not leave blank!)	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
NB! If you wish the NEA to consider any particular request when scheduling your item, please complete and submit a <b>Special Request form with your entry. Any notes regarding "special requests" on this form will be disregarded.</b>			<b>New to the NEA?</b>
			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?			*DATE OF PAYMENT ____/____/2024	<b>COMPULSORY:</b> Provide the name of the <b>GROUP</b> indicated in <b>B</b> as reference on the deposit slip. E-mail proof of payment to <a href="mailto:entry@eisteddfod.co.za">entry@eisteddfod.co.za</a> .	ENTRY FEE DUE
CASH	CHEQUE	EFT*			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 or injury sustained during this festival. I hereby authorize the NEA to use recordings / pictures of performances at NEA events on the NEA's social media platforms and website.

NAME IN PRINT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

#### Banking details:

Bank: ABSA	Account Name: National Eisteddfod Academy	Branch: Clearwater
Branch Code: 632-005	Account Number: <b>404 747 8448</b>	Type: Current
POSTAL ADDRESS:	PO BOX 1288, RANDBURG, 2125	



# NATIONAL EISTEDDFOD ACADEMY

## SPECIAL REQUESTS FOR INSTITUTIONS 2024

**PLEASE NOTE:  
INCOMPLETE FORMS  
CANNOT BE PROCESSED**

**For attention: Manager: Administration  
National Eisteddfod Academy**

Kindly schedule the learners of this institution to accommodate the activities as listed below during the festival period ***IF and WHEN possible***:

DETAILS OF SCHOOL / INSTITUTION / STUDIO : <i>(Please print clearly)</i>			
NAME OF SCHOOL / STUDIO			
POSTAL ADDRESS		CODE:	
AREA CODE & TELEPHONE NO.		School activities?	<input checked="" type="checkbox"/>
AREA CODE & FAX NO.		Grade activities?	<input checked="" type="checkbox"/>
NAME OF REPRESENTATIVE			
CONTACT NUMBER (AFTER HOURS)		CELL.	
E-mail ADDRESS			

Kindly provide the following information regarding the activities. Only activities where the timeframe is fixed and available in advance can be accommodated (e.g. participation in provincial / national events, external exams, etc.)

KINDLY LIST THE APPLICABLE GRADES	NATURE OF ACTIVITY (Provide a brief description of the activities)	ACTIVITY DATE(S)
		(Block out the UNAVAILABLE dates on the calendar below.)

### Calendar for 2024: BLOCK OUT DATES THAT ARE NOT AVAILABLE

July 2024	Mon 22	Tue 23	Wed 24	Thu 25	Fri 26	Sat 27
	Mon 29	Tue 30	Wed 31	Thu 1 Aug	Fri 2 Aug	Sat 3 Aug
August 2024	Mon 5	Tue 6	Wed 7	Thu 8	Fri 9	Sat 10
	Mon 12	Tue 13	Wed 14	Thu 15	Fri 16	Sat 17
	Mon 19	Tue 20	Wed 21	Thu 22	Fri 23	Sat 24
	Mon 26	Tue 27	Wed 28	Thu 29	Fri 30	Sat 31
September 2024	Mon 2	Tue 3	Wed 4	Thu 5	Fri 6	Sat 7
	Mon 9	Tue 10	Wed 11	Thu 12	Fri 13	Sat 14
	Mon 16	Tue 17	Wed 18	Thu 19	Fri 20	Sat 21
	Mon 23	Tue 24	Wed 25	Thu 26	Fri 27	Sat 28
October 2024	Mon 30 Sep	Tue 1 Oct	Wed 2	Thu 3	Fri 4	Sat 5
	Mon 7	Tue 8	Wed 9	Thu 10	Fri 11	Sat 12
	Mon 14	Tue 15	Wed 16	Thu 17	Fri 18	Sat 19

**IMPORTANT: SPECIAL REQUESTS SHOULD BE SUBMITTED WITH THE ENTRIES OR SHOULD REACH THE NEA OFFICE NOT LATER THAN 31 JULY 2024.**

Although the NEA will attempt to accommodate all reasonable requests, NO guarantee can be provided.

