



# Cape Town Eisteddfod 2017

## MUSIC ENTRY FORM

**MAKE COPIES OF THIS FORM AND FILL IN A SEPARATE FORM FOR EACH CLASS**

<b>CLASS</b>	
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PIANO, STRINGS, GUITAR, WOODWIND/RECORDER, KEYBOARD/ORGAN, VOICE, BRASS, PERCUSSION  
(PLEASE PRINT CLEARLY OR TYPE IN)

First Name	Surname	Age 15 March	RESTRICTIONS (Religious grounds etc)

### CHOIRS AND ORCHESTRAS

(PLEASE PRINT CLEARLY OR TYPE IN)

Name of Choir or orchestra	RESTRICTIONS (Religious grounds etc)

Number entered on this form ..... @ R..... TOTAL = R.....  
I have read the rules as laid down in the syllabus and agree to abide by them.

Name of teacher or person entering candidate (Print).....

Signature ..... **CLOSING DATE 31<sup>ST</sup> MARCH 2017**

PLEASE: Total all fees recorded on the entry forms and attach payment or proof of payment to the TEACHER'S SUMMARY FORM BELOW. Cards can be downloaded from a separate section. Only one payment per teacher or school must be made. DO NOT SEND SEPARATE PAYMENTS FROM PARENTS BUT DEPOSIT IT INTO YOUR OWN ACCOUNT AND SEND US ONE PAYMENT.



# Cape Town Eisteddfod 2017

## MUSIC SUMMARY FORM

TEACHERS DETAILS OF ALL MUSIC ENTRIES (Fill in only once)  
A copy of this form will be returned to you to fill in the details on the candidate's cards

**CLOSING DATE 31 MARCH**

**(PLEASE TYPE IN)**

Name of Teacher		Cell No.	
Email		School	
Head of Dept (if applicable)		Contact No.	
Restrictions (Religious, etc)			

### SUMMARY OF ENTRIES OF INDIVIDUAL TEACHER

No	Candidate's Surname	First name	Age	Class entered	Fill in this information on your cards		
					No.	Date	Time
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

(For more than 10 items use form on next page and attach)

I have read the rules as laid down in the syllabus and agree to abide by them.

Signature of teacher or person entering the candidates .....

**PROOF OF PAYMENT MUST BE ATTACHED TO THIS SUMMARY FORM.**

**BANK ACCOUNT:** Cape Town Eisteddfod  
**BANK:** Nedbank Rondebosch  
**BRANCH CODE:** 104809  
**ACCOUNT NO:** 104 805 9553  
**REFERENCE:** **MUS and your Name/School**

(PLEASE FILL IN) Name of Teacher ..... (Continued)

No	Candidate's Surname	First name	Age	Class entered	Fill in this information on your cards		
					No.	Date	Time
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