



CAPE TOWN EISTEDDFOD

DANCE SECTION

THIS FORM MUST ACCOMPANY ENTRIES – TOGETHER WITH EFT PROOF OF PAYMENT OR COPY OF DEPOSIT SLIP.

TEACHERS DETAILS: (Please print clearly)

NAME: _____

STUDIO NAME: _____

STUDIO CODE: _____

LANDLINE NUMBER: _____

CELLPHONE NUMBER: _____

E-MAIL ADDRESS: _____

POSTAL ADDRESS: _____

TOTAL ENTRY FORMS SUBMITTED: _____

TOTAL PAYMENT: _____

METHOD OF PAYMENT: _____

Please note that proof of payment MUST accompany all EFT / cash deposit payments.

DECLARATION BY APPLICANT

I, the undersigned, confirm that I have READ THE RULES of the Cape Town Eisteddfod as they appear in the current SYLLABUS and state that the details of the entrant(s) – (age, etc) as given on entry form are correct to the best of my knowledge.

Signed (Teacher or Parent in case of Junior entrants)

Date: