CAPE TOWN EISTEDDFOD

DETAILS OF ENTRANTS IN THIS CLASS
NOTE:- FOR DUETS, TRIOS, QUARTETS AND GROUPS **FULL NAMES OF ENTRANTS MUST BE SUBMITTED**

TEACHERS NAME: _____

PLEASE NOTE that the **CLASS DESCRIPTION** must give a clear explanation of what is being entered.
Eg. 11 years demi-character own choice, or 7 years demi set "lollipop"

CLASS NUMBER: _____

CLASS DESCRIPTION: _____
_____

LATE ENTRIES WILL NOT BE ACCEPTED

FIRST NAME	SURNAME	AGE (1ST JAN)	RESTRICTIONS	SUBMITTED – Office only

DETAILS OF PAYMENT made payable to the CAPE TOWN EISTEDDFOD

No. of entries listed _____@ R_____ per entry. Total enclosed R_____.
RESTRICTIONS on RELIGIOUS grounds will be accepted, but NO other restrictions will be entertained.
NAMES OF CANDIDATES WHICH APPEAR ON THIS ENTRY FORM MUST ALL BE IN THE SAME CLASS.