

CAPE TOWN EISTEDDFOD, SPEECH AND DRAMA SECTION:
 Convenor: KATHRYN GRIFFITHS. Tel 021-686 6727. Cell: 082 069 8826. Email:
 Kathryn.g6@gmail.com Postal Address for entries: K. GRIFFITHS, 26 RICHMOND ROAD,
 MOWBRAY, 7700, CAPE TOWN

ENTRY FORM Only ONE class may be included on each form. For each class entered a separate form is required.

Teacher: Name of School/Studio:
 Postal address:
 Email address: Tel/Cell:

NOTE: Please state clearly any RESTRICTIONS and/or availability to perform on Friday evenings, Saturdays or public holidays. Changes cannot be made once the programme has been drawn up. Groups may use chairs available at the venue but rostra and other set pieces are the responsibility of the group concerned.

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 given with regard to entrants (age, etc.) are correct to the best of my knowledge.

Signed: (teacher or parent in case of junior entrants): Date:

CLASS NO: SD..... Number of entries in this class:..... @ R PER ENTRY = Total for this entry form: R.....

SURNAME OF CANDIDATE	FIRST NAMES OF CANDIDATE	Age @ 1 Jan/ Grade	Details of other classes entered by candidate	RESTRICTIONS	FOR OFFICE USE ONLY		
					ENTRY NO:	DATE	TIME

N.B. PLEASE STATE ESTIMATED LENGTH OF GROUP ITEMS. THIS IS ESSENTIAL FOR PLANNING THE PROGRAMME.