## SHOALHAVEN 39th Annual EISTEDDFOD, 2023

#### PLEASE READ ENTRY INFORMATION AND RULES

## ENTRIES CLOSE: 1 MARCH 2023 No late entries will be accepted.

#### Payment may be made:

- by cheque / money order made payable to Shoalhaven Eisteddfod Inc.;
- by direct deposit to Bendigo Bank, BSB: 633-108 A/C: 1461 61088, tagged with name of entrant;
- placed in a sealed envelope and left with South Coast Music Shoalhaven Arcade, Nowra (next to Woolworths).

Entry fees are not refundable, except where a section is cancelled.

Compliance with copyright is the contestant's responsibility. Ensure that you sign your entry to indicate you understand your obligations.

Additional information is available on the various copyright offices' websites.

#### **Printed forms:**

• One competitor per entry form. You may photocopy extra forms if necessary or download them from the website.

www.shoalhaveneisteddfod.org.au

- Make sure Section Number, and Section Title are clearly written, and you enter partner/s details for Duo/Trio Sections.
- Entry forms & fees can be left at South Coast Music, or mailed to:

Organising Secretary Shoalhaven Eisteddfod PO Box 189 NOWRA 2541

• Scanned and signed entry forms in A4 size (**PDF format ONLY**) can be emailed to:

shoalhaveneisteddfod@gmail.com

#### **ENQUIRIES**

Please limit telephone enquiries, 9am – 9pm

#### **Organising Secretary:**

Rae Harris rim@virtualcity.com.au

4448 6048 0439 430 915

NO LATE ENTRIES - NO PHONE ENTRIES

### SHOALHAVEN EISTEDDFOD – ENTRY FORM

ABN - 16 736 907 376

# □ VOCAL & CHORAL□ INSTRUMENTAL□ SPEECH & DRAMA□

ONE COMPETITOR & DISCIPLINE PER FORM – PLEASE PHOTOCOPY

ENTRIES CLOSE: 1 March 2023

		ENTRIES CL	OSE: 1 March 20	23		
ENTRIES (Solo / Duo)			_	⇒ COMPETITOR'S	PARTICULARS	
SURNAME			FIRST NAME		· · · · · · · · · · · · · · · · · · ·	
If an age li	mit applies; a	age at 30th April:	and date of	birth:		
ADDRESS	S			P'Code		
email			Phone			
GROUP EN	TRIES (Ens	EMBLE / CHOIR / TROU	PE / SCHOOL) ⇒ CON	NTACT PERSON'S	PARTICULARS	
SURNAME	Ξ		FIRST NAME			
4000000				P'Code		
email			Phone			
Group Nar	ne					
School Na	me				<del></del>	
Section No.		Section Title	<b>Description</b> (Partner C	PR Troupe Name)	Entry Fee	
				· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
			PRINTED PROGRAM - \$10.00			
				DONATION		
☐ Cash	☐ Cheque	☐ Direct Deposit	(please tick one)	TOTAL		
Direct D		idigo Bank, BSB: 63	palhaven Eisteddfod Inc. ( 3-108 A/C: 1461 61088, pd – PO Box 189 NOWR	tagged with nam	e of entrant	
			elf addressed envelope must l the Shoalhaven Eisteddfod w			
	nat I have rea	ronic signatures acceptable] ad and will comply w	ith the copyright regulati	ons applicable t	o the sections	
Signature:			Da	Date:		

I give permission for any photos taken during the Shoalhaven Eisteddfod to be used for publicity.

Date: \_\_\_\_

Signature: