#### SHOALHAVEN 40th Annual EISTEDDFOD, 2024

#### PLEASE READ ENTRY INFORMATION AND RULES

## ENTRIES CLOSE: 1 MARCH 2024 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;

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.

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

### 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 2024

		ENTRIES CLO	OSE: 1 March 20	2 4	
ENTRIES (Solo / Duo)			-	COMPETITOR'S	PARTICULARS
SURNAME			FIRST NAME		
If an age li	mit applies; a	nge at 30th April:	and date of	birth:	·
ADDRESS				P'Code	
email		Phone			
GROUP EN	ITRIES (Ens	EMBLE / CHOIR / TROUF	PE / SCHOOL) ⇒ CON	NTACT PERSON'S	PARTICULARS
SURNAME	Ξ		FIRST NAME		<del></del>
ADDRESS				P'Code	
email			Phone		
Group / So	chool Name				
			T =		
Section No.		Section Title	<b>Description</b> (Partner C	R Troupe Name)	Entry Fee
		PRINTED PROGRAM - \$10.00			
				DONATION	
☐ Cash	☐ Cheque	☐ Direct Deposit	(please tick one)	TOTAL	
	For immediate Program wil	digo Bank, BSB: 63: Shoalhaven Eisteddfo receipting a stamped se I be downloadable from t	alhaven Eisteddfod Inc. 6 3-108 A/C: 1461 61088, 6 d – PO Box 189 NOWR If addressed envelope must l he Shoalhaven Eisteddfod wo	tagged with nam A 2541 be sent with the ent	ry.
I declare	that I have	onic signatures acceptable] read and will comply oplicable to the section	y with the rules of the ons in this entry.	Shoalhaven Ei	steddfod and
Signature:			Date:		

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

Date: \_\_\_\_\_

Signature: