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| NATIONAL EISTEDDFOD OF SOUTH AFRICA™  [*www.eisteddfod.co.za*](http://www.eisteddfod.co.za)  SMALL GROUP ENTRY FORM FOR 2017  **Complete all Sections – use ONE form per group**  **Small Group entries only 2-10 participants**  **Closing date for HARD COPY entries: 10 June 2017**   1. **RESPONSIBLE PERSON / INSTITUTION**  |  |  |  |  | | --- | --- | --- | --- | | A.1 Who is responsible for submitting this entry?  (Select **one** of the 3 options in the columns on the right. | SCHOOL | STUDIO | PARENT | | A.2. Provide the **NAME** of the option selected in A.1 |  | | | | A.2 Who will submit the applicable entry fees to the NEA? | SCHOOL | STUDIO | PARENT | | *NOTE: You will participate in the region / local as selected by the registered school / studio / parent in A2.*  (*All communication about this entry will go to this school / studio / parent. This name will be printed on the certificate if no other information is provided in D*.) | | | | | *IMPORTANT NOTICE: Individual participant slips will in future only be mailed ON REQUEST to the e-mail address of the responsible school / studio / parent (see A.2 above). It remains your obligation to contact the NEA if notification of performance dates has not been received at least 7 days prior to the starting date of events in your region. Please ensure to return the check list that will be sent to you for verification on time.* | | | | | B. Contact details for trainer / institution / studio / parent responsible of this entry  |  |  |  |  | | --- | --- | --- | --- | | School/studio/parent |  | | | | Area code & fax no.: |  | Area code & tel. No: |  | | Cell. No. |  | E-mail address: |  |     **C. DETAILS OF ENTRY:**  CATEGORY SECTION NUMBER GRADE CODE ENTRY FEE   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | **R** |      |  | | --- | |  |   *Number of participants:*   |  |  |  |  | | --- | --- | --- | --- | | Means of payment | CASH | CHEQUE | EFT | | Date of payment | \_\_\_\_\_\_/\_\_\_\_\_\_\_/ 2017 | | |     **NB**!! Complete a **Special Request form** and attach to this entry if you wish the NEA to consider a particular request when scheduling your items. **Do NOT make any notes in this regard on this entry form as it will not be considered**. | | |
| 1. **DETAILS OF PARTICIPANTS FOR THIS ITEM (A maximum of 10 participants can be entered in an ensemble, small group or medium sized group:** *(Please complete in clear print!)*  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Disability Code\*** | Namesofparticipants | Grade | Cell. No. of Parent | Name of School | **COMPULSORY INFORMATION:** *ID Number*  or *Date of Birth* | | | | | | | | | | | | | | | | Year | | | Month | | | Date | | Male / Female | | | |  | | | |  |  |  |  | 1 | | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 1. |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | 2. |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | 3. |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | 4 |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | 5 |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | 6 |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | 7 |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | 8 |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | 9 |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | 10 |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |   **Closing dates for HARD COPY entries: Early Bird Fee: (15 May) / Standard fee: 10 June 2017** | | |  |  | | --- | --- | | **ID NUMBER** | | | First 6 numbers = **Date of birth** as YMD | | | Numbers 7 – 10 = **Gender** | | | **Female** | 4999 or less | | **Male** | 5000 or greater |  |  |  | | --- | --- | | **DISABILITY CODE\*** | | | Blind/Partially Sighted | A | | Deaf/Hard of Hearing | B | | Intellectually challenged | C | | Learning disabled | D | | Physically challenged | E |   *\*Important: Provide the appropriate code next to the name of any participant with a different ability* |

*I accept the Rules and Regulations of the National Eisteddfod Academy as outlined in the Prospectus and on the web page. I accept that entry fees are not refundable. I accept the decision of the NEA management about all matters regarding this event. I accept that the NEA and its host venues are indemnified against any loss, theft of injury sustained during this festival. I hereby authorize the NEA to use recordings / pictures of performances at some of NEA events on the NEA’s social platforms and website.*

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| Bank: ABSA | Account Name: National Eisteddfod Academy | Branch: Northcliff |
| Branch Code: 33 47 05 | Account Number:  404 747 8448 | Type: Current |

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*Name in Print Signature Date*