INNER WEST EISTEDDFOD 2023

STRINGS including MARCUS EDWARDS VIOLIN PRIZE

ENTRIES CLOSE: 3 APRIL 2023

SECTION NO:	SECTION NAME	AGE GROUP	ENTRY FEE
STR			$
STR			$
STR			$
STR			$
STR			$
STR			$
STR			$
STR			$
		SUB TOTAL	$
		COMPULSORY ADMINISTRATION FEE	$ 10. 00
		Donation	$
		TOTAL	$

PAYMENT :- (CHEQUE OR MONEY ORDER) ***NO CASH *NO STAPLES, PLEASE**

MAIL ENTRY FORM & PAYMENT TO : **Inner West Eisteddfod Inc.**
PO Box 184 BURWOOD. NSW 1805

Or Direct Deposit: **Inner West Eisteddfod Inc**
Bendigo Bank BSB 633 108 Account 1328 59091

Quote section number & surname of entrant as reference
(quote 1st section number entered only)

***Advice MUST be sent to: info@iwe.org.au**

NO RESPONSIBILITY WILL BE ACCEPTED FOR ACCIDENTS, INJURY OR LOST PROPERTY OF ANY PERSON/S AT THIS EISTEDDFOD

Website: *www.iwe.org.au* Email: info@iwe.org.au

INNER WEST EISTEDDFOD 2023 ENTRY FORM

FIRST NAME:	**SURNAME:**
DATE OF BIRTH:	**YOUR AGE @ 6 May 2023**
ADDRESS:	
	POST CODE:
EMAIL:	**PHONE NO:**
TEACHERS NAME:	**PHONE NO:**
STUDIO/SCHOOL NAME:	
ADDRESS:	
	POST CODE:
EMAIL:	

The above competitor agrees:
(a) That he/she will not hold the organisers liable for any loss or damage sustained by participating in the Eisteddfod.
(b) That he/she participates in the Eisteddfod entirely at his/her own risk: and
(c) To indemnify the organisers for any claim arising from any loss or damage sustained by him/her.
(d) to comply with the Rules & Conditions as detailed in this syllabus.

…… **or** ……
Signature of Competitor Signature of Parent or Guardian
If under 18 years of age, signature of Parent or Guardian is required.

ENTRIES CLOSE: 3 APRIL 2023

OFFICE USE ONLY

Amount
Received: …… Date: ……

Cheque/
Money Order: …… . Receipt No. (Donation Only): ……

Direct Deposit Date & Surname of Entrant ……