# INNER WEST EISTEDDFOD 2020

## SPEECH & DRAMA SECTION

**ENTRIES CLOSE: 20 MARCH 2020**

***LATE ENTRIES : $20 PER ENTRANT - 27 MARCH 2020***

| SECTION NO: | SECTION NAME | AGE GROUP | ENTRY FEE |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | |
| | | **SUB TOTAL** | $ |
| | | **COMPULSORY ADMINISTRATION FEE** | $ 5. 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 surname of entrant as reference** ***Remittance 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 2020 ENTRY FORM

| | |
|---|---|
| **FIRST NAME:** | **SURNAME:** |
| **DATE OF BIRTH:** | **YOUR AGE @ 27 March 2020** |
| **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: 20 March 2020**

**LATE ENTRIES CLOSE: 27 March 2020($20 per entrant)**

OFFICE USE ONLY

Amount Received: …… Date: ……

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

Direct Deposit Date & Surname of Entrant ……