

Office use only

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**Competitor No 1\***      **First Name (please print)**      **Surname**

.....

**Number**      **Competitor No 1 Postal Address**

.....

**Suburb**      **State**      **Postcode**

.....

(.....)

.....

**Competitor No 1\* Email**      **Studio Phone**      **Studio Name (please print)**

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**Parents Name Competitor No 1 \*(please print)**      **Parents Signature**      **Parents Mobile**

Competitor No 1\* must be the same in each section on this entry form. All competitors ages as of 1st May.

<b>Duo/Trio Ages:</b> 12yrs/U or 13yrs/O		<b>Sections:</b> Classical / Lyrical / Contemporary / Tap / Jazz / Hip Hop		
<b>Age / Section</b>	<b>First &amp; Surname</b>		<b>D.O. B</b>	<b>Fee \$15</b>
	Competitor 1*			\$
	Competitor 2			
	Competitor 3			
	Competitor 1*			\$
	Competitor 2			
	Competitor 3			
	Competitor 1*			\$
	Competitor 2			
	Competitor 3			
	Competitor 1*			\$
	Competitor 2			
	Competitor 3			
	Competitor 1*			\$
	Competitor 2			
	Competitor 3			
	Competitor 1*			\$
	Competitor 2			
	Competitor 3			

Place 'X' in box if you **do not** give permission for photos/videos of your child/children to be used for promotional purpose.

**Compulsory Administration Fee**      **\$ 10.00**

Donation

**Total Amount Payable**

**Postal Entries:**  
 St George Dance Eisteddfod  
 PO Box 358  
 Panania NSW 2213

Send completed Entry Forms & attach Cheque or Money Order made payable to-  
 St George Dance Eisteddfod  
**Do not post CASH!**

**EFT Payment:**  
 Account Name: St George Dance Eisteddfod  
 BSB: 062 458  
 Account Number: 1019 4826

Email completed Entry Form(s)  
**with a Copy of bank remittance**  
 To: [info@stgeorgedanceeisteddfod.com.au](mailto:info@stgeorgedanceeisteddfod.com.au) or post.  
**No 1 Competitors Name** must be put in **Receivers reference**  
 when making EFT payment,  
 so we can **IDENTIFY YOUR PAYMENT.**