TAX INVOICE ABN 92497440560

TAREE AND DISTRICT EISTEDDFOD SOCIETY INC

DANCE ENTRY FORM

NAME.....**PHONE** .....**TEACHERS NAME & PHONE NUMBER**

Date of Birth.....**Age as at 1st April**.....**Entries Close 13 -2-2012 .....**

COMPETITOR'S ADDRESS .....**POST CODE**.....

E MAIL ADDRESS.....

NO PROOF OF AGE required unless protest about child's age

Sound Desk Fee of $1.20 per dance*******

MONEY MUST ACCOMPANY ENTRY FORM OR ENTRY WILL BE REJECTED, DO NOT SEND CASH THROUGH POST

SECTION NUMBER	SECTION TITLE	ENTRY FEE	SOUND FEE

SEND ENTRIES TO: DANCE CO-ORDINATOR
PO BOX 379
TAREE 2430

SUB TOTAL.....

SOUND FEE.....

If less than three to a section - refund Y N
if NO automatically into next age group

PROGRAM, POSTAGE & HANDLING...$15.00.....

Do you wish to enter the "Triple Threat" Yes **Parents signature**..... **TOTAL**.....