

CITY OF SALE EISTEDDFOD INC
Speech & Drama—SCHOOL ENTRY FORM 2025

1. Full fees must accompany each entry. Please do not send cash. Cheques and money orders to be made payable to:
2. CITY OF SALE EISTEDDFOD INC. Emailed entries close **Friday 28th March**
 No late entries will be accepted.
2. Please EMAIL to: salecisteddfod@gmail.com
3. Donations are gratefully accepted. All donations above \$2.00 are Tax Deductible.
4. **This entry form is for School entries—Solos and Groups may be entered on this form, however all correspondence will be through the Nominated Teacher not on an individual basis. One Entrant per Box (multiple sections may be entered).**

Name of School: _____

Teacher: _____ Phone: _____

Postal Address: _____ P/Code _____

Email: _____

Name of Entrant/Group D.O.B. (Solos/Duos) Age Group	Section Number	Section Name	Entry Fee	Office Use
Name: _____ Date of Birth: _____ Age Group: _____				
Name: _____ Date of Birth: _____ Age Group: _____				
Name: _____ Date of Birth: _____ Age Group: _____				
Page 1 Total: _____				

Please carry over to Page 2 →

Name of Entrant/Group D.O.B. (Solos/Duos) Age Group	Section Number	Section Name	Entry Fee	Office Use
Name:				
Date of Birth:				
Age Group:				
Name:				
Date of Birth:				
Age Group:				
Name:				
Date of Birth:				
Age Group:				
Name:				
Date of Birth:				
Age Group:				
Name:				
Date of Birth:				
Age Group:				

Direct Deposit Details:
City of Sale Eisteddfod Society Inc.
BSB—063 526
Account: 00800014
Reference: *Competitor name*

Entry Sub Total:		
Donation		
TOTAL:		

I HAVE READ AND UNDERSTAND ALL RULES, IN PARTICULAR THOSE RELATING TO
TIMING AND COPYRIGHT. BY SUBMITTING THIS ENTRY I AGREE TO MY NAME BEING PRINTED
IN MEDIA PUBLICATIONS AND DISPLAYED ON OUR WEBSITE WITHIN THE RESULTS SECTION.

SIGNED