BENDIGO COMPETITIONS SOCIETY INC. ENTRY FORM 2010

A.B.N. 39 787 086 224

CLASSICAL BALLETAND THEATRICAL DANCE

ENTRIES TO BE RECEIVED BY 15TH MAY 2010

COMPETITOR'S DETAILS (NAME AS TO APPEAR IN PROGRAM)

FIRST NAME SURNAME **DATE OF BIRTH** ……/……/…..…. PARENT/S FIRST NAME (FOR CONTACT PURPOSES)

…… …….. ……..……..

POSTAL ADDRESS (STREET/CITY) E-MAIL ADDRESS

…… POSTCODE …….. ……

PHONE NUMBERS: HOME - …… MOBILE - …… BUSINESS -……

TEACHER'S DETAILS

FIRST NAME SURNAME **NAME OF DANCE SCHOOL** CONTACT PHONE NUMBER/S

…….. …… …… ……..

POSTAL ADDRESS (STREET/CITY) E-MAIL ADDRESS

…… POSTCODE …….. ……

IMPORTANT NOTES

1. DUOS/TRIOS MUST BE ENTERED BY **ONLY ONE PARTNER**
2. SECTIONS MAY BE COMBINED IF THERE ARE INSUFFICIENT ENTRIES. PLEASE INDICATE YOUR WILLINGNESS FOR THIS TO OCCUR. YES ☐ NO ☐

ADDRESS ENTRIES TO:

DANCE COORDINATOR
BENDIGO COMPETITIONS SOCIETY INC
P.O. BOX 177
BENDIGO VIC 3552
E-MAIL: bgocomps@bigpond.net.au
TEL. NO.: 5444 5733

SECTION NO.	SECTION NAME	PARTNER'S NAME & DATE OF BIRTH (FOR DUOS AND TRIOS)	AGE GROUP	ENTRY FEE	

OFFICE USE ONLY

DATE RECEIVED:

AMOUNT:

COMPULSORY ADMINISTRATION FEE OF $6.00 (ONE PER FAMILY) **$6. 00**
PROGRAM $8.00
OPTIONAL SPONSORSHIP / DONATION:
CHEQUES TO BE MADE PAYABLE TO:
BENDIGO COMPETITIONS SOCIETY INC.
TOTAL PAYMENT INCLUDED WITH THIS ENTRY **$**

PLEASE CONTACT FAY ON 54445733 IF YOU WOULD LIKE TO VOLUNTEER TO ASSIST DURING THE EISTEDDFOD OR INDICATE HERE IF YOU WOULD LIKE HER TO CONTACT YOU YES ☐