**Cape Town Eisteddfod**   **SPEECH AND DRAMA SECTION**  **2024**

**Convenor: Sunette Theunissen**  **WhatsApp: +27 83 371 8919** **Email: cptdramaeisteddfod@gmail.com**

Teacher/ Parent Name: Name of School/Studio: Email address: Tel/Cell:

**DECLARATION BY APPLICANT:**

**I, the undersigned, confirm that I have read the rules of the Cape Town Eisteddfod as they appear in the current syllabus and state that the details given regarding entrants, are correct to the best of my knowledge. I acknowledge that videos may be used for social media. ( Please inform the convenor should you not want any photographs on social media.)**

 Signed: (Teacher or Parent in case of junior entrants): ……………………………………………………… Date: ……………………………………

**All performances will take place between 18 - 21 July 2024 At : THE WAVE THEATRE - 44 Long Street, Cape Town**

**\*\*\* Individual Performance times and dates will be confirmed by 9 July 2024 \*\*\*\***

All entry forms must be typed to ensure correct spelling of Names for certificates. **(Please do not submit handwritten entry forms)**

**All certificates will be sent Digitally.** (Certificates can be printed and delivered at an additional cost.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Surname | **Age as on****1 June 2024** | Class entered | Entry Fee |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
|  |  |  |  | **TOTAL** | **R** |

*(for more entries, please fill out another form)*

**BANKING DETAILS:** The Cape Town Eisteddfod, Standard Bank, Rondebosch. Branch Code: 025009, Acc. Number: 071417303 (Current Account).**REF: DRAMA and your NAME/SCHOOL**