Cape Town Eisteddfod 2022 SPEECH AND DRAMA SECTION

Temporary Convenor: Sunette Strydom Cell: 083 371 8919 Email: sunettestrydom.ss@gmail.com

Teacher 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 (age, etc.) are correct to the best of my knowledge. I acknowledge that videos may be used for social media.

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

 *Please fill in LIVE for Zoom Performance or DIGITAL for Video Submission*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name | Surname | Age (1 June 2021) | Class entered | DIGITAL orLIVE | Entry Fee |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  | **TOTAL** |  | **R** |

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