LIMESTONE COAST

SHOWCASE '10

ENTRY FORM

(This entry form may be photocopied)

Name of Competitor: _____ (Solo, Duet, Trio, Quartet)

Surname *Given Name*

Name of Choir (where applicable): _____

_____

Name of Conductor/Trainer: _____

Address of Competitor: _____

_____ Phone No: _____ E-mail: _____

Date of Birth (in aged sections): ____/____/____ Age as at 30th June, each year _____

Name of Teacher: _____ Address of Teacher: _____

_____ Phone No: _____

Section No	Section Title	Entry Fee
	Total	$

Duets /Trios /Quartets - If partners are not named on this form, please advise the Showcase Secretary as soon as possible but at least at registration time on the day. Accompany this form with the required fees and a business sized self addressed envelope for the return of the timetable.

Send Entry Forms/Fees to: Showcase Secretary
PO BOX 848
Mount Gambier SA 5290

I have read and agree to abide by the General Rules and Conditions and Sectional Conditions.

Name: _____ Signed: _____ Date: _____

I do/do not give permission for the organizing committee to use any photographs of me taken during the competition for the sole purpose of promotion and advertising for The Limestone Coast Showcase.

Name of Parent/Guardian if under 18 years _____ Signed: _____