# *SOLO ENTRY FORM – (White Sheet)*



***INNISFAIL & DISTRICT BALLET & DANCE SOCIETY INC.***
***DANCING COMPETITION***

# SOLO ENTRY FORM

To: The Secretary
Innisfail & District Ballet & Dance Society Inc.
PO Box 1053
**INNISFAIL QLD 4860**

**ENTRIES CLOSE**: **Monday 10th MARCH 2014 , 5.00pm**

***All Entries must be posted to the Secretary and not handed in person***

## NO LATE ENTRIES WILL BE ACCEPTED

FULL NAME: …….……..……D.O.B…..…../…..…../……..….

RESIDENTAL ADDRESS:…….

POSTAL ADDRESS:…….……..……...

EMAIL ADDRESS: …….
Ph: (07)……***Age as at the 1st January 2014*** :……..…… ***School Grade ……***

**PLEASE ENTER ME IN THE FOLLOWING ITEMS: (OVERLEAF)**

*I have read the rules and have entered in the correct sections and age groups*
**I understand and agree to uphold the IDBDS Code of Conduct**
I do/do not give permission for my name to be printed on the IDBDS web page

Signed:……. Signed:…..……..…… Signed……..……
Parent/Guardian Teacher Child 12 Yrs & Over

***A STAMP SELF ADDRESSED ENVELOPE MUST BE ENCLOSED FOR RECEIPT AND COMPETITORS TICKET.*** *The committee reserves the right to amend rules and conditions governing the I.D.B.D.S Dancing Competition. Entries not accompanied by correct amount of entry fee will not be accepted.*

**PRIVACY POLICY:**
Any personal information provided to IDBDS will not be disclosed to any other agencies/persons without their written consent in accordance with the freedom of information and privacy act.

**AGGREGATE: - COMPETITORS ONLY**
To qualify for Aggregate, you **must compete in any 3 of the stipulated solo** sections outlined in preliminary. ☐ Place X in box

**SEASON TICKETS/PROGRAMMES**:
If you require season ticket/s or programme/s please indicate correct amount and quantity in the appropriate sections overleaf. (See prices overleaf)

**BENDIGO BANK**
BSB: 633 108
ACC: 126489327
NAME: Innisfail & District Ballet & Dance Society Inc.

# SOLO ENTRY FORM

(Page 2 of 2)

FULL NAME: …… D.O.B …… Age …….
**(As at 1st Jan 2014)**

| SECTION | AGE GROUP | DESCRIPTION OF ITEM | FEE / ITEM $5.00 per item |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| | **SUB TOTAL** | | **$** |
| | **COMPULSORY COMPETITORS TICKET** | | **$ 10.00** |
| | **ENVELOPE & STAMP FOR RECEIPT** | | **$ 2.00** |
| PENSIONER NUMBER | SEASON TICKET – names | | $ |
| | PROGRAMME | | $ |
| | ***TOTAL*** | | ***$*** |

**PROGRAMMES**
Local Schools only $13.00 enclosed
Post Programmes $16.00 enclosed

**SEASON TICKETS**
Non Member $60.00 ea
Member $50.00 ea or $25.00(Teacher)
Child/Pensioner $30.00

***PLEASE DO NOT SEND CASH. MAKE CHEQUES / MONEY ORDERS PAYABLE TO IDBDS**

# *ENTRY FORM (Yellow Sheet)*

*(Page 1 of 2)*

***INNISFAIL & DISTRICT BALLET & DANCE SOCIETY INC.***
***DANCING COMPETITION***

# CHAMPIONSHIP ENTRY FORM

To: The Secretary
Innisfail & District Ballet & Dance Society Inc.
PO Box 1053
**INNISFAIL QLD 4860**

**ENTRIES CLOSE**: **Monday 10th MARCH 2014, 5.00pm**

***All Entries must be posted to the Secretary & not handed in person***

## NO LATE ENTRIES WILL BE ACCEPTED

FULL NAME: ……..……..……D.O.B…..…../…..…../……..….

RESIDENTAL ADDRESS:……

POSTAL ADDRESS:……..……..……

EMAIL ADDRESS: ……
Ph: (07)……..…… **Age as at the 1st January 2014**:……... ***School Grade ……..***

**PLEASE ENTER ME IN THE FOLLOWING ITEMS: (OVERLEAF)**

*I have read the rules and have entered in the correct sections and age groups*

**I understand and agree to uphold the IDBDS Code of Conduct**

I do/do not give permission for my name to be printed on the IDBDS web page

Signed:……..……..… Signed:……..…… Signed:……..……
Parent/Guardian Teacher Child 11Yrs & Over

***A STAMP SELF ADDRESSED ENVELOPE MUST BE ENCLOSED FOR RECEIPT AND COMPETITORS TICKET.*** *The committee reserves the right to amend rules and conditions governing the I.D.B.D.S Dancing Competition. Entries not accompanied by correct amount of entry fee will not be accepted.*

**PRIVACY POLICY:**

Any personal information provided to I.D.B.D.S will not be disclosed to any other agencies/persons without their written consent in accordance with the freedom of information and privacy act

**SEASON TICKETS/PROGRAMMES**:

If you require season ticket/s or programme/s please indicate correct amount and quantity in the appropriate sections overleaf. (see prices overleaf)

**BENDIGO BANK**
BSB: 633 108
ACC: 126489327
NAME: Innisfail & District Ballet & Dance Society Inc.

# CHAMPIONSHIP ENTRY FORM

(Page 2 of 2)

FULL NAME: …… D.O.B …….. **Age as at 1st Jan 2014** ……

| SECTION | AGE GROUP | DESCRIPTION OF ITEM | FEE/SECTION $8.00 per item |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | **SUB TOTAL** | **$** |
| | | **COMPULSORY COMPETITORS TICKET** | **$ 10.00** |
| | | POSTAGE & ENVELOPE FOR RECEIPTS | $ 2.00 |
| PENSIONER NUMBER | | SEASON TICKET – names | $ |
| | | PROGRAMME | $ |
| | | ***TOTAL*** | ***$*** |

**PROGRAMMES**
Local Schools only $13.00 enclosed
Post Programmes $16.00 enclosed

**SEASON TICKETS**
Non Member $60.00 ea
Member $50.00 ea or $25.00 (Teacher)
Child/Pensioner $30.00

***PLEASE DO NOT SEND CASH. MAKE CHEQUES / MONEY ORDERS PAYABLE TO IDBDS**

# *ENTRY FORM –* *(Green Sheet)*

*(Page 1 of 2)*

***INNISFAIL & DISTRICT BALLET & DANCE SOCIETY INC.***
***DANCING COMPETITION***

# DUO / TRIO ENTRY FORM

To: The Secretary
Innisfail & District Ballet & Dance Society Inc.
PO Box 1053
**INNISFAIL QLD 4860**

**ENTRIES CLOSE**: **Monday 10th MARCH 2014, 5.00pm**

***All Entries must be posted to the Secretary and not handed in person***

## NO LATE ENTRIES WILL BE ACCEPTED

.

- **FULL NAME:** ……..……D.O.B…..…/…..…/…..…
  RESIDENTAL ADDRESS: ……..……..…
  POSTAL ADDRESS:…….
  Ph: (07)….……..…… **Age as at the 1st January 2014**:……...
- **FULL NAME:** ……..……D.O.B…..…/…..…/…..…
  RESIDENTAL ADDRESS: ……...…...……
  POSTAL ADDRESS:……
  Ph: (07)…….....……..…… **Age as at the 1st January 2014**:……...
- **FULL NAME:**……..……D.O.B…..…/…..…/…..…
  RESIDENTAL ADDRESS: ……..……...…..……..…
  POSTAL ADDRESS:…….
  Ph: (07)…….....…… **Age as at the 1st January 2014** ……... ***School Grades ……..……..***

**EMAIL ADDRESS FOR AT LEAST ONE COMPETITOR: ……..**

**PLEASE ENTER US IN THE FOLLOWING ITEMS: (OVERLEAF)**

*We have read the rules and have entered in the correct sections and age groups*
**We understand and agree to uphold the IDBDS Code of Conduct**
We do/do not give permission for our names to be printed on the IDBDS web page
**Please only enter 1 age group per entry form eg. 11 – 14 Yrs only or Under 11 yrs etc**

Signed:…….. .Parent Signed:……..……Parent Signed:……..……Parent

Signed:……..……Teacher

***A STAMP SELF ADDRESSED ENVELOPE MUST BE ENCLOSED FOR RECEIPT AND COMPETITORS TICKET.*** *The committee reserves the right to amend rules and conditions governing the I.D.B.D.S. Dancing Competition. Entries not accompanied by correct amount of entry fee will not be accepted.*

**PRIVACY POLICY:**
Any personal information provided to I.D.B.D.S. will not be disclosed to any other agencies/persons without their written consent in accordance with the freedom of information and privacy act

**SEASON TICKETS/PROGRAMMES**:
If you require season ticket/s or programme/s please indicate correct amount and quantity in the appropriate sections overleaf. ( See prices overleaf )

**BENDIGO BANK**
BSB: 633 108
ACC: 126489327
NAME: Innisfail & District Ballet & Dance Society Inc.

# DUO / TRIO ENTRY FORM

(Page 2 of 2)

- FULL NAME: …… D.O.B ……..**Age as at 1st Jan 2014**…..
- FULL NAME: …… D.O.B ……..**Age as at 1st Jan 2014** …
- FULL NAME: …… D.O.B …… ….**Age as at 1st Jan 2014** …

| SECTION | AGE GROUP | DESCRIPTION OF ITEM | FEE/SECTION $8.00 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | **SUB TOTAL** | **$** |
| | | **COMPULSORY COMPETITORS TICKET = ($10.00 EACH)** | $ |
| | | POSTAGE & ENVELOPE FOR RECEIPTING | $2.00 |
| PENSIONER NUMBER | | SEASON TICKET – names | $ |
| | | PROGRAMME | $ |
| | | ***TOTAL*** | ***$*** |

**PROGRAMMES**
Local Schools only $13.00 enclosed
Post Programmes $16.00 enclosed

**SEASON TICKETS**
Non Member $60.00 ea
Member $50.00 ea or $25.00 (Teacher)
Child/Pensioner $30.00

***PLEASE DO NOT SEND CASH. MAKE CHEQUES / MONEY ORDERS PAYABLE TO IDBDS**

# *ENTRY FORM (Blue sheet)*

*(Page 1 of 2)*

***INNISFAIL & DISTRICT BALLET & DANCE SOCIETY INC.***
***DANCING COMPETITION***

# GROUP ENTRY FORM

To: The Secretary
Innisfail & District Ballet & Dance Society Inc.
PO Box 1053
**INNISFAIL QLD 4860**

**ENTRIES CLOSE**: **Monday 10th MARCH 2014, 5.00pm**

***All Entries must be posted to the Secretary & not handed in person***

## NO LATE ENTRIES WILL BE ACCEPTED

FULL NAME OF SCHOOL:……..……..……..……..…..

RESIDENTAL ADDRESS:……..

POSTAL ADDRESS: ……..……...…...…….……

Ph: (07)……...…..…… EMAIL ADDRESS: …….

Ages as at the 01/01/14:
***(Groups require a list of names & ages of each student in each group sent to the Secretary by 18th April 2014 to arrange competitors tickets). Please adhere to this rule.***

**PLEASE ENTER THE FOLLOWING GROUPS: (OVERLEAF)**

*(We have read the rules and have entered in the correct sections and age groups)*
**We understand and agree to uphold the IDBDS Code of Conduct**
We do/do not give permission for our name to be printed on the IDBDS web page

Signed:……Teacher

***A STAMP SELF ADDRESSED ENVELOPE MUST BE ENCLOSED FOR RECEIPT AND COMPETITORS TICKET.*** *The committee reserves the right to amend rules and conditions governing the IDBDS Dancing Competition. Entries not accompanied by correct amount of entry fee will not be accepted.*

**PRIVACY POLICY:**
Any personal information provided to IDBDS will not be disclosed to any other agencies/persons without their written consent in accordance with the freedom of information and privacy act

**SEASON TICKETS/PROGRAMMES**:
If you require season ticket/s or programme/s please indicate correct amount and quantity in the appropriate sections overleaf. (See prices overleaf)

**BENDIGO BANK**
BSB: 633 108
ACC: 126489327
NAME: Innisfail & District Ballet & Dance Society Inc.

# GROUP ENTRY FORM

(Page 2 of 2)

FULL NAME OF SCHOOL: ……..

| SECTION | AGE GROUP | DESCRIPTION OF ITEM | Colour of Lights for group | FEE $10.00 per item |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | **SUB TOTAL** | | **$** |
| | **A list of names & D.O.B must be supplied for each group & TICKETS PAID WITH ENTRY FORMS.** | **COMPULSORY COMPETITORS TICKET = ($10.00 PER STUDENT) MUST BE PAID FOR PRIOR OR WITH ENTRY.** | | $ |
| | | POSTAGE & ENVELOPE FOR RECEIPTING | | $ 2.00 |
| | | SEASON TICKET | | $ |
| | | PROGRAMME | | $ |
| | | ***TOTAL*** | | ***$*** |

**PROGRAMMES**
Local Schools only $13.00 enclosed
Post Programmes $16.00 enclosed

**SEASON TICKETS**
Non Member $60.00 ea
Members $50.00 ea or $25.00 Teacher

***PLEASE DO NOT SEND CASH***

**MAKE CHEQUES / MONEY ORDERS PAYABLE TO IDBDS**

**TO BE SENT IN WITH ENTRIES OR BEFORE 18/4/14 with competitors tickets monies - To the Secretary IDBDS**

| **NAME**<br>Please Print | **SIGNATURE**<br>Child 12-18 years & over | **SIGNATURE**<br>Parent | **AGE** |
|---|---|---|---|
| Dance School Name: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |