



Macarthur District Eisteddfod  
**ENTRY FORM 2009**  
 All Sections Entry Form

Section Number	Group or Competitors Name	Age as at 30/10/09	Date of Birth for Solo section Competitors ONLY	Entry Fee
	One Complementary program will be posted.		<b>Total:</b>	<b>\$</b>

**PLEASE PRINT CLEARLY**

Program to be posted to: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

P/Code: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Entry Forms may be photocopied. No entry will be accepted without full fees.  
 Please include a small stamped addressed envelope if receipt required.**

**All cheques to be made payable to:  
 Macarthur District Eisteddfod  
 P.O. Box 899  
 Campbelltown NSW 2560**