S C T

Scrúdú Ceol Tíre

Traditional Music Exams

Name of Parent, Teacher or Branch of CCÉ: .....

Address: .....

..... Town: .....

County: ..... E-mail: .....

Mobile: ..... Tel: .....

Preferred Centre

_____

BLOCK CAPITALS ONLY

Fees		Candidate's Name	Instrument	Cycle No.

Please ensure that candidates are following the correct syllabus.
Candidates must be prepared to present themselves for examination on any date within the stated period.

Comhaltas Ceoltóirí Éireann, 32 Belgrave Square, Monkstown, Co. Dublin