

Scoil Éigse 2018 – Drogheda, Co. Louth - August 12th to 17th

Non-scholarship Form - Please complete detail clearly

Ainm (Name) _____
BLOCK CAPITALS - this name detail will appear on your badge

Seoladh (Address) _____

Fón (Phone No.) _____ Dáta Bhreithe/Date of Birth: _____
DD/MM/YY

A PHONE NUMBER IS REQUIRED FOR ALL STUDENTS UNDER 18 YEARS

Parent / Guardian Name & Mobile No: _____

Seoladh Ríomhphoist/E-mail: _____

Email addresses must be active and detailed very clearly. This email address will be stored and used to contact you in relation to Scoil Éigse and Comhaltas, unless you have asked us not to do so.

Class Choice – tick 1 choice only

Adult Mixed Instrument	Concertina	Piano Accordion	
Amhránaíocht	Fiddle	Rince ar an Sean Nós	
Banjo	Flute	Uilleann Pipes	
Bodhrán	Foundation Course *	Traditional Singing	
Button Accordion	Harp	Whistle	
Comhrá	Piano Accompaniment		

* Foundation Course is offered to students 12 to 18 years with an intellectual disability.

Level – tick 1 only. Guideline only, all students will be graded.

Beginner (Singing/Dancing only)	Improver	Fairly Competent
	Competent	Advanced

Registration Fees – tick 1 only

Note: Scholarship students cannot be included as part of family member reductions in relation to fees

Early Fee applies until 27 th July			Late Fee applies from 28/07 to noon 08/08		
1 st Family Member	€135		1 st Family Member	€150	
2 nd Family Member	€120		2 nd Family Member	€135	
Additional Family Member	€110		Additional Family Member	€125	
Pre-registration closes at Midday 8th August. No applications will be accepted at Head Office after this deadline. This is to facilitate essential administration. All other applications will be considered onsite in Drogheda on a first come basis and are strictly subject to availability					

Payment – Accepted payment: Euro Cheque, Bankers Euro Draft, Visa, MasterCard, Laser.
 Euro Cheques and Drafts should be made payable to Comhaltas Ceoltóirí Éireann.

Credit/Debit Card Details – BLOCK CAPITALS PLEASE

* Card Number																			
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* **Expiry Date:** Month _____ / Year _____ Amount Due : _____

Cardholder Name: _____ Contact Number: _____

IMPORTANT- Comhaltas may reproduce photos, video footage, images etc. of you, either individually or as part of a group and may also assign reproduction and other rights of these to a third party.

Please indicate by ticking here _____ if you prefer NOT to allow copyright for publications.

Signature: _____ Date: _____

Where students are under 18 years, this should be signed by a parent or guardian