

# SCT



## Scrúdú Ceol Tíre

## Traditional Music Exams

Name of Entrant: .....

Address: .....

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County: ..... Eircode: .....

Email: .....

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

Preferred Centre: .....

<b>BLOCK CAPITALS ONLY</b>
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Fees	Candidate Name	Instrument	Cycle No.	Date of Birth

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.
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Cheques / Postal Orders / Bank Drafts should be made payable to **Comhaltas**.  
Please forward your application form and payment to Clasac, Alfie Byrne Road, Clontarf, Dublin 3, D03 H973