S C T

Comhaltas

# Scrúdú Ceol Tíre

# Traditional Music Exams

Name of Entrant: ……

Address: ……

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County: …… Eircode: ……..

Email: ……

Mobile: …… Tel: ……

**Preferred Centre:** ……

**BLOCK CAPITALS ONLY**

| Fees | Candidate Name | Instrument | Grade | Date of Birth |
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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.

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