

NEW ENGLAND OIREACHTAS 2011

ENTRY RECAP

NAME OF SCHOOL _____

NAME & ADDRESS OF TEACHER _____

Teacher's email - mandatory
AREA CODE/TELEPHONE #: _____

OF SOLO COMPETITORS: _____ x \$50.00 TOTAL ENTRY FEE \$ _____

OF TEAM DANCERS: _____ x \$10.00 TOTAL ENTRY FEE \$ _____
including Choreography & Dance Drama

Of Traditional Set COMPETITORS: _____ x \$20.00 TOTAL ENTRY FEE \$ _____

OF FAMILY MAX FEES MUST COMPLETE REFUND FORM _____

OF FAMILY ADMITTANCE FEE _____ x \$ 30.00 TOTAL DOOR FEES \$ _____

ALL ENTRIES MUST Be emailed and POSTMARKED BY OCTOBER 1, 2011 with changes accepted until
Oct 10th in extisting entries in regards to team changes due to injury or other circumstance.
ENTRIES RECEIVED POSTMARKED AFTER THIS DATE WILL BE RETURNED

MAIL ENTRIES TO:

MAURA GRAY - A.D.C.R.G.
139-2 JOSHUATOWN ROAD
LYME, CT 06371

MAIL ADS AND CHECK TO: IDTNA-NE Region Inc.
LISA CHAPLIN-McALLISTER - ADCRG
311 UPHAM ST.
MELROSE, MA 02176

CHECKS SHOULD BE MADE TO: IDTNA-NE Region Inc.

TO MY KNOWLEDGE I CERTIFY THAT THESE ENTRIES ARE CORRECT IN REGARD TO AGES,
QUALIFICATIONS, ETC.
I HAVE READ THE RULES AND DIRECTIVES, AND MY PUPILS AND I WILL COMPLY WITH THEM

COMMITTEE I AM WORKING: _____
(MUST BE LISTED OR ENTRIES WILL NOT BE ACCEPTED)

TEACHERS SIGNATURE