|  |  |  |
| --- | --- | --- |
| **Competitor Name:** |  | |
| **School/Choir/Area:** |  | |
| **Date of Birth:**  (Juniors only) |  | |
| **Age on 1 October 2019:**  (Age Qualification Date) |  | |
| **Competition Numbers Being Entered:**  (as per syllabus / max of six per competitor) |  | |
| **Contact Address:** |  | |
| **Contact Telephone No:** |  | |
| **Contact Email Address:** |  | |
| **DUET COMPETITORS ONLY** | | |
| **Partner’s Name:** |  | |
| **School/Choir/Area:** |  | |
| **CHORAL/GROUP COMPETITORS ONLY** | | |
| **Choir/Group Conductor:** |  | |
| **Choir/Group Contact Person:** |  | |
| **Contact Address:** |  | |
| **Contact Telephone No:** |  | |
| **Contact Email Address:** |  | |
| **I/we agree to being photographed/filmed for Meur Inbhir Nis publicity/archiving purposes** | |  |

****MÒD IONADAIL INBHIR NIS 2019 | INVERNESS PROVINCIAL MÒD 2019**

**FOIRM-IARRTAIS | ENTRY FORM**

**LATE ENTRIES WILL NOT BE ACCEPTED**

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| Completed entry forms, along with music, lyrics and translations for all own choice pieces, should be emailed to [secretary@invernessprovincialmod.co.uk](mailto:secretary@invernessprovincialmod.co.uk) or sent to the Provincial Mòd Secretary by  **Sunday 31 March 2019:**  **Ross Brindle**  Provincial Mòd Secretary – Meur Inbhir Nis  13 Barley Row  Conon Bridge  DINGWALL  IV7 8DJ | **ENTRY FEES**  **Junior Fees:** Solo competitions – £2 per competition  Duet competitions – £4 per competition  Group competitions – £5 per competition  **Adult fees:** Solo competitions – £5 per competition  Duet, quartet and folk group competitions  – £8 per competition,  Choral competitions – £10 per competition  **PAYMENT**  Payment can be made by cash, cheque or bank transfer.  Cheques should be made payable to Inverness Provincial Mòd.  If doing a bank transfer, please use the entrant’s name as a reference.    **Account Name:** ACG Meur Inbhir Nis  **Account Number:** 00110150 **Sort Code:** 80-06-83 |

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| **Entry fees as being submitted by:**  (Please tick as appropriate) | **Cash:** |  | **Cheque:** |  | **Bank Transfer:** |  |