

<p><b>DANCE SCHOOL</b></p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/>
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PO Box 233  
Mourilyan 4858

**Innisfail Eisteddfod 2017**

# DVD Order Form

Competitor Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

From Program

From Program

Session	Section	Competitor Number	Description of Dance Item	Day	Date
				40	
				55	
				70	
				85	
				100	
				115	
				130	
				140	
				150	
				160	
				170	

***Permission Section Must be Signed***

**Parent** \_\_\_\_\_

**Cost**

First Item \$40

Additional Items \$15/each 8 Items and over attracts a discount to \$10/each to those Items ONLY.

**Teacher** \_\_\_\_\_

**ph** \_\_\_\_\_