**SPRING FLING ENTRY FORM**

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| NAME: REG NUMBER: |
| TEACHER: DATE OF BIRTH: |
| ADDRESS: |
|  |
| EMAIL: PHONE: |
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| **Number** | **Description** | **Entry Fee** |
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|  |  |  |
| Sub-total | | $ |
| Piping Fees $5.00 per dancer | | $ |
| Total | | $ |

I hereby grant the Piping & Dancing Association of New Zealand and/or the Heretaunga Thistle Club Inc, the right to use and disseminate my or my child’s name and/or image (including but not limited to photograph, video) in any website, media or publication. YES / NO