

# County/Regional Fleadh Cheoil Entry Form



Entries be submitted on this form to local Comhaltas Branch Rúnaí (Secretary), to reach the County Rúnaí, not later than six weeks prior to the first day of Fleadh competitions.

Comórtas No. \_\_\_\_\_ Aois Ghrúpa (Age Group) \_\_\_\_\_

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\*Rogha Gléas – Miscellaneous: Please name your instrument: \_\_\_\_\_

\*Tionlacan-Accompaniment: (Please name your instrument): \_\_\_\_\_

*In Ireland, names of Irish Origin should be given in their Original form (Irish). Other names should also be given as original, please.*

Ainm; Name \_\_\_\_\_

D.O.B. (if U18) \_\_\_\_\_ Email: \_\_\_\_\_

Seoladh/ Address: \_\_\_\_\_

Craobh (Branch) \_\_\_\_\_ Phone \_\_\_\_\_

Duet and Trio: (Please name the combination of instruments and competitor)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fee(s) of € \_\_\_\_\_ enclosed. No refunds. See accompanying Page 2 (Include Comhaltas membership fee if not already paid).**

**I am** a fully paid-up member of \_\_\_\_\_ Branch of Comhaltas.

(Branch ID. No., where applicable \_\_\_\_\_)

Síniú / Signature: \_\_\_\_\_

Competitor's signature/ appropriate adult

I agree to comply with Rialacha Fleadhanna Ceoil.