

NORTHERN COUNTIES CLOG CHAMPIONSHIP

ENTRY FORM

NAME .....

ADDRESS.....

.....

TEL. NO. ....

AGE (*only required if under 16 years*) .....

SECTIONS ENTERED (Nos.) .....

SECTIONS ENTERED (Names).....

.....

OFFICIAL MUSICIAN REQD. : YES/NO

ENTRY FEE ENCLOSED .....

*Completed Entry Forms should be sent to :-*

**Brenda Walker,**

**Court Inn,**

**Court Lane,**

**Durham.**

**DH1 3AW**