

CÉILÍ DANCING REGISTRATION DETAIL

NOTE: This form, fully completed, should be given to clerk before competition.

(Only 2 subs allowed in 8 Hand Céilí / Only one Sub in 4 Hand Céilí)

Competition Name _____ Competition No. _____ Age Group _____

Competitor No. _____ Team Name _____

Name of Céilí Dance _____

Substitution

1 _____ will be substituted by _____
(Name of original competitor) (Name of Substitute)

2 _____ will be substituted by _____
(Name of original competitor) (Name of Substitute)

(note: male subs must be replaced by male subs expect for U 12 mixed 1 boy for 4 Hand, 3 boys for 8 Hand)

Dancers Dancing Up from the next age group

1 _____ Date of Birth _____
(Name of dancer)

1 _____ Date of Birth _____
(Name of dancer)

Footwear

I confirm the team dancers do not have tips or built up shoes for this dance

Managers mentors/teachers are not allowed to coach teams during the performance

Signature _____ Contact No. _____
Team Tutor/Leader/Branch Secretary

Time Recd _____ Date _____ Clerk _____

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This form must, fully completed must be returned to Fleadh Office with results documentation