

County/Regional Fleadh Ceoil 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.