



DANTE ALIGHIERI 'AUDIO' COMPETITION School Entry Form 2019

SCHOOL (NAME IN FULL): _____

ADDRESS: _____

_____ POSTCODE: _____

TEACHER CONTACT DETAILS (primary contact):

NAME: _____

EMAIL ADDRESS: _____

PHONE (SCHOOL HOURS): _____ MOB: _____

NAMES OF OTHER TEACHERS INVOLVED IN PROJECT: _____



Principal's Agreement

By signing this form I acknowledge that I have read the Audio Competition guidelines and authorise the Dante Alighieri Society to exhibit student work in the manner outlined in the guidelines and have sought the necessary permissions from students, their parents and guardians.

NAME (please print): _____

SIGNATURE:

DATE: ___/___/___



Entrants' Details

Please list all students responsible for the entry.

**Please copy and paste the table below if you require space for more student names/entries*

Entry Title	Student/s	Year Level	Result (office use only)



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