

Sri Lanka Festival of Music, Dance & Speech



No : 62, Lauries Road, Colombo 4.
Tel : 011 - 2375853 / 011 - 4513969 Fax : 2375853
E-mail : iimsd_ferdi@yahoo.com
Website : www.iimsd.com



26TH ANNUAL FESTIVAL – 2023

ENTRY TYPE : **TEACHER ENTRY** (Contact Detail - Teacher)
SELF ENTRY (Contact Detail - Parent/Competitor)

Teacher/Parent Name :
School Name (if necessary) :
Qualification :
Address :
Tel /Fax. : Mobile :
E - mail : Date Submitted :

Online Entries accepted - www.iimsd.com click 'Registration'

YOUR REGISTERED CENTRE AT FESTIVAL - Centre :

Should enroll minimum of 25 items to be a separate centre.

- | | |
|---|--|
| BANDARAWELA CENTRE - Bandarawela / Diyathalawa / Hali Ella | KEGALLE CENTRE - Kegalle/Polgahawela
Warakapola |
| COLOMBO CENTRE - Athurugiriya / Awissawella / Colombo / Kandana / Malabe
Thalawathugoda / Piliyandala / Wattala | MARAWILA CENTRE - Marawila / Madampe |
| GAMPAHA CENTRE - Gampaha / Ganemulle / Mirigama / Minuwangoda
Thihariya / Veyangoda / Yakkala / | MATARA CENTRE - Matara / Weligama |
| GALLE CENTRE - Galle / Hikkaduwa | NEGOMBO CENTRE - Kochchikade/Negombo
Chilaw / Wennappuwa |
| HATTON CENTRE - Bogawantalawa/Dikoya/Hatton/Kotagala/Maskeliya | PANADURA CENTRE - Horana/Panadura
Wadduwa |
| JAFFNA CENTRE - Jaffna / Point Pedro | TANGALLE CENTRE - Ranna/Tangalle
Walasmulla |
| KANDY CENTRE - Akurana/Gampola/Kandy/Katugastota /Kurunegala/Peradeniya | |
| KALUTARA CENTRE - Aluthgama/Bentota/Kalutara /Matugama | |
| OWN CENTRE - Ambalangoda/Anuradhapura/ Badulla/Batticaloa/Balangoda /Embilipitiya/Mannar/ N' Eliya/Rakwana/ Ratnapura/
Trincomalee/Vavuniya/Mullaitivu/Killinochchi | |

PLEASE NOTE THE FOLLOWING WHEN FILLING THE ENTRY FORM

- **PLEASE ENTER YOUR CANDIDATES ACCORDING TO SUBJECT AND CLASS NUMBER (Stated in the Syllabus).**
- **PLEASE FILL ONE NAME AND SURNAME ONLY IN BLOCK CAPITALS.**
- **IMPORTANT** : CHANGE OF SUBJECT/NAME OR ADDITIONAL ENTRIES WILL BE ACCEPTED AFTER THE CLOSING DATE AND 2 WEEKS PRIOR TO THE SCHEDULED DATE ON PAYMENT OF RS. 500/= PER CHANGE/ADDITION. NO CHANGES THEREAFTER. (2 weeks prior to the scheduled date).
- **Please attach this cover page with the entry form. Entry forms received without this cover page will NOT be accepted.**
- **The late fee of Rs. 350/= applies to entries made up to 7 days past closing date ONLY.**

Cheques in favour of :
'Lanka Festival of Music, Dance & Speech (Pvt.) Ltd.'
Sampath Bank Kollupitiya Branch
A/C No. 013410001351

Entry Fee

Rs.

Late Fee (If applicable)

Rs.

Total Fee for the Entry

Rs.

Office Use Only
Receipt No :-.....
Amount :-.....
Date :-.....

*I am attaching page(s) of Candidate
Entry forms to this cover page.*

I agree to abide by the Festival regulations as detailed in the current syllabus.

Signature :-..... Date :-.....

CANDIDATE ENTRY FORM

Please Note

1. PLEASE ENTER YOUR CANDIDATES SEPERATELY ACCORDING TO SUBJECT, SW/OC AND CLASS NUMBER. (Stated in the Syllabus)
2. **EACH SUBJECT** ACCORDING TO THE AGE SHOULD BE ENTERED TOGETHER IN SEPARATE FORMS IN **NUMERICAL ORDER** .
3. Entries for Duo, Trio, Quartet, Quintet & Groups/Troupes, where ages are mixed, entries will be scheduled according to the eldest in the group. Hence please enter the eldest first and then the others.
4. If a candidate wishes to compete in a higher age group, kindly enter the age as that of the required higher age group.

SW - denotes SET WORK /OC - denotes OWN CHOICE

Extra forms may be photocopied

Eg 1 -

SUBJECT :	VERSE SPEAKING	SW / OC :	SW		
	Name of Competitor <i>Only <u>ONE</u> Name commonly used & Surname</i>	Date of Birth	Gender M/F	Class Code as stated in the Syllabus	Fee Rs.
	D D M M Y Y	D D M M Y Y			
Eg	MONICA C. PERERA	1 1 0 1 0 5	F	VSG 9	2250.00

SUBJECT :		SW / OC :	
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	Name of Participant (BLOCK CAPITALS) <i>Only <u>ONE</u> Name commonly used & Surname</i>	Date of Birth	Gender M/F	Class Code as stated in the Syllabus	Fee Rs.
	D D M M Y Y	D D M M Y Y			
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02					
03					
04					
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10					
11					
12					
13					
14					
15					
TOTAL					

I agree to abide by the Festival regulations as detailed in the current syllabus.

Signature :-..... Date :-.....

CANDIDATE ENTRY FORM - EXTRA PAGES

Page No.

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SUBJECT :		SW / OC :	
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	<i>Name of Participant (BLOCK CAPITALS) Only <u>ONE</u> Name commonly used & Surname</i>	Date of Birth						Gender M/F	Class Code as stated in the Syllabus	Fee Rs.
		D	D	M	M	Y	Y			
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Signature :-..... Date :-.....

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		D	D	M	M	Y	Y			
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