



Flat A5 Northern Heights, 5 Josiah Tongogara Avenue / cnr Harare Street, Harare  
 Phone 2702989 (with answerphone); 2250921 ; 0778 457773 (cell); E-mail niaa@yoafrica.com  
 Website: www.niaazim.co.zw Facebook: National Institute of Allied Arts (NIAA)

## **SPEECH & DRAMA ENTRY FORM 2019**

- only entries on this form, or a photostat copy, will be accepted
- all fields must be completed, clearly, **in black and in BLOCK capitals**
- please consult the syllabus for MAXIMUM entries per Class
- please complete a separate form for EACH CLASS

Name of School: \_\_\_\_\_ Name of School Contact: \_\_\_\_\_

Address: \_\_\_\_\_

School Tel No: \_\_\_\_\_ Teacher I/C: \_\_\_\_\_

School Cell No: \_\_\_\_\_ Teacher Cell No: \_\_\_\_\_

School Email: \_\_\_\_\_ Teacher Email: \_\_\_\_\_

Class No: (see Syllabus) \_\_\_\_\_ Class Title (in Full): \_\_\_\_\_

Fee Per Entry: \$ \_\_\_\_\_ No of Entries \_\_\_\_\_ Total Fee for this Class (page): \$ \_\_\_\_\_

**NB: USD Equivalents may apply**

Please Indicate preferred Venue Harare: \_\_\_\_\_ Gweru (MCC): \_\_\_\_\_

(we cannot guarantee the venue of your choice as programming depends on entries received)

	Candidate, Duo or Group Name (as it should appear on certificate)		GRADE (junior, intermiate, senior)
	FIRST NAME	SURNAME	
1			
2			
3			
4			
5			

I, ..... hereby undertake to ensure that:

1. the above candidates have been advised of the rules under which they will perform.
2. the candidates check in at least 15 minutes before the class commences;
3. the NIAA is advised of any withdrawals at least 24 hours in advance.

Date: ..... Signed: .....

**BANK DETAILS**

Account Name: National Institute of Allied Arts  
 Bank: CABS Gold Class 1002617219  
 Branch: Arundel