

IFIELD MAYFAYRE COMPETITION ENTRY FORM

Class number	Name of class	Entry fee

Name : _____ **Age (if under 14) :** _____

Address : _____

Please sign to acknowledge that you have read and agree to abide by the rules of the competition. Your entry fee, of £1- per entry, should be paid to the competition secretary, but all children's classes are free. Entries will be accepted at The Ifield Barn Theatre on Sunday 3rd May from 1 p.m. - 3 p.m. and from 8.30 a.m. to 10.00 a.m. on Mayfayre morning. No late entries will be accepted.

Signed : _____

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