

# FIFTH NATIONAL SMOCKING COMPETITION - 2005

## i A f r i c a

### REGISTRATION FORM:

Post to **The Highveld Smockers' Guild**

**c/o P O Box 661, Fontainebleau, 2032**

Please mark **COMPETITION** clearly on the envelope.

Name: .....

Postal Address: .....

.....

Telephone: Area code: ..... Number: .....

Guild Membership: (if applicable) .....

Section: Please mark the appropriate box with a cross:

Scholar [ ] Age: .....

School: .....

Novice [ ]

Advanced [ ]

Category and number of items being entered: Garment: ..... Miscellaneous: .....

Amount payable: ..... cash / cheque / postal order

Please make cheque / postal order payable to: The Highveld Smockers' Guild

I declare that the item(s) to be made by me and entered into this competition, will be original work and that it will not be made under the supervision of a smocking or sewing teacher, or in conjunction with any other person. I agree to abide by the rules of the competition and to accept the judges' decision as final.

Signed: ..... Dated: .....

For Scholars:

Signature of parent / teacher : .....

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FOR OFFICE USE:

Date received: ..... Amount: .....

cash / cheque / postal order

Competition number(s): .....

Competition rules and information sent: YES [ ]

Signed: ..... Dated: .....