



# Celebration

Social Inclusion through the Performing Arts

## Nomination Form

**Category:** Singing  Dancing  Comedy  Other \_\_\_\_\_  
*(Please tick only one)*

**Performer(s):** Group  Single

Name: \_\_\_\_\_  
Organisation Name: \_\_\_\_\_  
Secretary of Organisation: \_\_\_\_\_  
Personal Address: \_\_\_\_\_  
\_\_\_\_\_  
Address of Organisation: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Group/Act: \_\_\_\_\_

I confirm that all participants in the above named group who are under the age of 18 years have their parent/guardian's permission to take part in this show.

I confirm that I have read and understood the privacy statement relating to this event.

Signed: \_\_\_\_\_

Position in Organisation: \_\_\_\_\_ Date: \_\_\_\_\_

### Closing date for receipt of nominations is 4.30pm on Thursday 26th September 2019

**Nominations to:** Celebration, Social Inclusion Unit, Community Services Department, South Dublin County Council, County Hall, Tallaght, Dublin 24  
Tel: 01 414 9270 or Email: [socialinclusionunit@sdublincoco.ie](mailto:socialinclusionunit@sdublincoco.ie) or visit [www.sdcc.ie](http://www.sdcc.ie)

#### Criteria/rules for Celebration Show:

- *If anybody in your act is under 18 years of age please confirm they have their parent/guardian's permission to take part in the show*
- Performance should not be more than 5 minutes long
- Entries may be shortlisted
- Event will take place in the Civic Theatre, Tallaght, Sunday 24th November 2016 at 8.00 pm
- All decisions made by Committee are final
- I hereby consent to allow South Dublin County Council to use any photographs or recordings taken of our act during the concert  
This is for the following purposes:
  - Showcase on the South Dublin County Council website and Facebook
  - Display and publicity purposes. This may include promotional brochures, showcase of activities in newspapers, promotions or showcase on our website.
  - Broadcast on radio/television for promotion and airing of the actual event.

By signing this form, I confirm that I understand and agree to the above request and conditions:

Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Organisation: \_\_\_\_\_