



# VIRTUAL Celebration

Social Inclusion through the Performing Arts

  
Comhairle Contae  
Átha Cliath Theas  
South Dublin County Council

## 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 22nd October 2020**

### Criteria/rules for Virtual 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
- ❖ Current Covid restrictions will be enforced for groups taking part in the show
- ❖ Groups should have no more than 5 participants
- ❖ Performance should not be more than 5 minutes long
- ❖ Sample performance piece should be included with the application
- ❖ Entries may be shortlisted
- ❖ Recording of performance will take place in the Civic Theatre, Tallaght, Sunday 15th November 2020 and will be shown online on Sunday 22nd November .
- ❖ 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 and Civic Theatre's 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: \_\_\_\_\_

**Further information available on [www.sdcc.ie](http://www.sdcc.ie)**