



# 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 4.00pm on Friday 8th October 2021**

### 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
- ❖ Performance piece should be included with the application. Please note this will be the final video used in the Celebration Show.
- ❖ Entries may be shortlisted
- ❖ All decisions made by the 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)**