



THE DEVIZES EISTEDDFOD

Director: Michael Johnson

www.devizes-eisteddfod.org.uk

2020 Young Writers Spring Event Entry Form

Young writer's name _____

Age (as on 31 August 2020) _____

Class _____

I confirm that the person named above is the author of the attached story.

I understand that by completing this entry form I give my consent for this personal data to be securely stored for the purpose of the administration of the Devizes Eisteddfod.

I would like to receive details of forthcoming Eisteddfod events. Yes/No

Signed _____

Print Name _____

Email address _____

Date _____

Any queries to: entries.devizes.eisteddfod@gmail.com