



CHANGE OF SECTION FORM

Please email all required information to info@scde.com.au

- Complete Change of Section form
- A copy of your original invoice
- Payment* (if required)

*Changes requested after 7 days of original entry will incur a \$20 fee per dance.

Name on the invoice (Parents name)	
Dancers name	
Section entered	<i>E.g., Section 012 Classical Solo 6 Years & Under</i>
Section to change into	<i>E.g., Section 083 Up-tempo Jazz Solo 6 Years</i>
Section entered	<i>E.g., Section 012 Classical Solo 6 Years & Under</i>
Section to change into	<i>E.g., Section 083 Up-tempo Jazz Solo 6 Years</i>

PAYMENT:

Direct Deposit

Bank details

Acc Name: Sunshine Coast Dance Eisteddfod Inc.

BSB: 638 010

Acc Number: 3445305

Please use your surname as a reference plus 'COS'. eg. SmithCOS

Credit Card

Name on card _____

Card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry / CVV

Cardholders signature _____