



ENTRY FORM – DONEGALS GOT TALENT

NAME:

ADDRESS:

AGE:

NAME OF ACT:

PHONE NUMBER:

EMAIL ADDRESS:

ARE YOU AVAILABLE TO COMMIT TO THE SHOW FOR THE 9 WEEKS?

PLEASE RETURN ENTRY FORMS TO:

**Clanree Hotel
Donegals Got Talent
Derry Road
Letterkenny
Co.Donegal**

**ANY QUESTIONS, PLEASE CONTACT ANNETTE OR KATHLEEN AT THE CLANREE HOTEL
ON 074 91 24369**