



NEW GLASGOW HIGHLAND GAMES
“Ciad Mile Failte”

Tartan Field, Walker Street, New Glasgow NS www.festivalofthetartans.ca

July 14th 2018

1. The rules and regulations of the Atlantic Canada Pipe Band Association will not apply to this competition.
2. All competitors must report to the Piping tent upon arrival for time check and playing positions. Failure to arrive on time may result in disqualification.
3. No refund of entry fees submitted.
4. Tents not available.
5. Pipers can be accompanied by any instrument of their choosing
6. Pipers have the freedom to play any music of their choosing
7. The sponsoring society will not be responsible for loss, damage, or injury occurring at the Festival of the Tartans.

Location: Tartan Field, New Glasgow, NS

Time: Competition begins at 9:00 am. Time schedules will be posted at 8:30 am

Fees: \$100 per Quartet. Up until the night before, registration on the day will cost \$120 per Quartet.

Please check our Facebook page for any changes

PRIZES

1ST PLACE WILL WIN \$1000.00

2ND PLACE WILL WIN \$300.00

3RD PLACE WILL WIN \$200.00

Please send entry form and check payable to the festival of the Tartans at Festival of the Tartans, 75 Lavinia Street, Suite #189, New Glasgow, B2H 1N5. In addition if you have any questions please contact Robbie MacInnis at robbiemacinnis@hotmail.com

ENTRY FORM

Name of Quartet _____

Individual 1 Name : _____ ACPBA# _____ Grade _____ Entry Fee Enclosed: \$ _____

Mailing Address: _____ City _____ Prov _____ Postal Code _____

Band Affiliation _____

Phone _____ Email address _____

Signature _____ (Parent/Guardian if under 18 yrs)

Individual 2 Name: _____ ACPBA# _____ Grade _____ Entry Fee Enclosed: \$ _____

Mailing Address: _____ City _____ Prov _____ Postal Code _____

Band Affiliation _____

Phone _____ Email address _____

Signature _____ (Parent/Guardian if under 18 yrs)

Individual 4 Name: _____ ACPBA# _____ Grade _____ Entry Fee Enclosed: \$ _____

Mailing Address: _____ City _____ Prov _____ Postal Code _____

Band Affiliation _____

Phone _____ Email address _____

Signature _____ (Parent/Guardian if under 18 yrs)

Individual 2 Name: _____ ACPBA# _____ Grade _____ Entry Fee Enclosed: \$ _____

Mailing Address: _____ City _____ Prov _____ Postal Code _____

Band Affiliation _____

Phone _____ Email address _____

Signature _____ (Parent/Guardian if under 18 yrs)