

**PIPING AND DANCING ASSOCIATION OF NEW ZEALAND (Inc)**

Date: .... / ..... / .....

I hereby certify the performance of competitor number ..... in the  
**NEW ZEALAND/NORTH ISLAND/SOUTH ISLAND CHAMPIONSHIP**

..... Age Group .....

to be of a sufficient standard to merit the award.

Total Marks Awarded ..... Judges Signature .....

NAME OF WINNER: .....

ADDRESS; .....

No of competitors in this event ..... Total number of entries in this competiton .....

NAME OF SOCIETY organising this event .....

*Please return this form to the Championship Convenor, Colleen Cole MNZM, 91 Reserve Terrace, Lyttelton, Christchurch 8082*

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