

in association with Co-operation Ireland

Competition Entry Form

For completion by the Local Authority

One Entry o	only per Form. Please use Block	k Capitals	Total number of entries including this on	ie		
Nominati	ng Local Authority					
Address						
Name of Lia	aison Officer	Depa	rtment			
Telephone		Mobi	le			
Fax		Email				
Participating Community Group Name						
Length of Time in Existence						
Payee (in the event of winning a monetary prize)						
Name for Certificates/Trophy Engraving						
Area / Loca	tion Represented					
Category 1	Population 0 - 300	Tick ONE only	Check list			
2	300 - 1,000		Invoice required	Yes/No		
3	1,000 -2,000		If Yes-advise P.O. Number and invoice address Invoice to:	P.O.		
	2,000 5,000		invoice to.			

Category	Population	Tick ONE only
1	0 - 300	
2	300 - 1,000	
3	1,000 -2,000	
4	2,000 - 5,000	
5	Over 5,000	
Category	Theme	
6	Creative Place Initiative	
7	Community Wellbeing Initi	ative
8	Community Resilience	
9	Community Tourism Initiat	ive
Category	Non Population	
10	Housing Estates	
11	Islands and Coastal Commi	unities
12	Urban Neighbourhoods / V	'illages

Invoice required If Yes-advise P.O. Number and invoice address Invoice to:	Yes/No P.O.				
Entry summary of 160 words is attached	Yes/No				
Entry photograph is attached	Yes/ No				
Please return completed entry and attachments to Anna Medvedeva by email: amedvedeva@cooperationireland.org					

By entering the IPB Pride of Place competition, contestants agree that Co-operation Ireland and its associates may use images, video, artwork and writing created for the competition for promotional purposes without payment of compensation. By entering, all entrants agree to release Co-operation Ireland, their employees and associates from all liability and claims relating to participation in the competition.



