

REGISTRATION FORM



In accordance with the attached conditions I would like to register the following items and confirm that I wish to take part in the following episode of the programme "Cyfnewid" (Exchange)

DATE / DYDDIAD _____

LOCATION / LLEOLIAD _____ **(THE PROGRAMME)**

NAME/ ENW _____ **(THE EXCHANGER)**

ADDRESS / CYFEIRIAD _____

CONTACT NUMBER / RHIF CYSWLLT _____

EMAIL/ EBOST _____

OED / AGE **DAN 16 / UNDER 16** **16-25** **25-40** **40+**

SIARADWR CYMRAEG / WELSH SPEAKER? **YDW/YES** **NA/NO** **DYSGWR / LEARNER**

ITEM/ITEMS/COLLECTION / EITEM/EITEMAU/CASGLIAD

1	
2	
3	
4	
5	