

**CLEETHORPES FESTIVAL OF MUSIC & WORDS**

**ENTRY FORM**

**PLEASE USE BLOCK LETTERS**

NAME OF COMPETITOR(S) \_\_\_\_\_

TELEPHONE NO (Incl. STD code) \_\_\_\_\_

ADDRESS INCLUDING POSTCODE \_\_\_\_\_

NAME & ADDRESS OF TEACHER \_\_\_\_\_

AGE IF UNDER 18 YEARS (ON FIRST DAY OF FESTIVAL) \_\_\_\_\_

NAME OF ENSEMBLE/CHOIR/ORCHESTRA \_\_\_\_\_

NO. OF PERFORMERS \_\_\_\_\_

CONDUCTOR'S NAME \_\_\_\_\_

CLASS NO.	TITLE OF CLASS	INSTRUMENT OR VOICE	OWN CHOICE TITLES	COMPOSER / AUTHOR	DURATION (MINS)	OFFICIAL ACCOMPANIST REQUIRED (YES/NO)	FEE
						<b>TOTAL FEE £</b>	
<b>ADD PRICE OF PROGRAMME IF REQUIRED, AS STATED IN THE SYLLABUS £</b>							
						<b>GRAND TOTAL ENCLOSED £</b>	

PLEASE INDICATE IF YOU WISH TO BE CONSIDERED FOR THE YOUTH SUMMER MUSIC BURSARY YES / NO

PLEASE INDICATE IF YOU WISH TO BE CONSIDERED FOR THE SPEECH AND DRAMA BURSARY YES / NO

ENTRIES MUST BE RECEIVED BY THE HONORARY ENTRIES SECRETARY ON OR BEFORE THE LAST DATE OF ENTRY STATED IN THE SYLLABUS

I/WE AGREE TO ABIDE BY THE RULES OF THE FESTIVAL PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE INCLUDE A STAMPED ADDRESSED ENVELOPE FOR YOUR COMPETITORS CARD**

By signing this form, you consent to Cleethorpes Festival of Music and Words holding and processing performers and teachers data for the purpose of preparing and planning the Festival and including names in the Festival Programme.