

CLEETHORPES FESTIVAL OF MUSIC & WORDS

ENTRY FORM

PLEASE USE BLOCK LETTERS

NAME OF COMPETITOR(S) _____

TELEPHONE NO (Incl. STDF 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
						TOTAL FEE £	
ADD PRICE OF PROGRAMME IF REQUIRED, AS STATED IN THE SYLLABUS £							
						GRAND TOTAL ENCLOSED £	

PLEASE INDICATE IF YOU WISH TO BE CONSIDERED FOR THE YOUTH SUMMER MUSIC BURSARY AWARD

ENTRIES MUST BE RECEIVED BY THE HONORARY ENTRIES SECRETARY ON OR BEFORE THE DEADLINE STATED IN THE SYLLABUS

I/WE AGREE TO ABIDE BY THE RULES OF THE FESTIVAL AND CONFIRM THAT FOR ANY COMPETITORS UNDER 18 (OR VULNERABLE ADULTS OF ANY AGE), I GIVE (OR HAVE OBTAINED) THE NECESSARY CONSENT FOR THE COMPETITORS TO TAKE PART IN THE FESTIVAL.

NAME _____

SIGNATURE _____

DATE _____

PLEASE INCLUDE A STAMPED ADDRESSED ENVELOPE FOR YOUR COMPETITORS CARD

