

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
						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 / 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 _____ SIGNATURE _____

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.