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Competitors No (For Office Use Only)

Registered Charity No. 1030721

ENTRY FORM
PLEASE COMPLETE IN BLOCK CAPITALS
(INCOMPLETE OR ILLEGIBLE ENTRIES MAY BE DISQUALIFIED)

CLASS NO: _____ CLASS TITLE: _____

NAME OF COMPETITOR, CHOIR OR GROUP: _____

AGE if under 18 on the first day of the Festival

CHOIRS & ENSEMBLES
State number of singers/players

Competitors please give full postal address and telephone number:

ADDRESS _____

TELEPHONE: _____

TEACHER'S NAME: _____

TEACHER'S TEL NO: _____

**OWN CHOICE. THIS SECTION MUST BE COMPLETED – (Except entries for Composition Class)
SEE RULE 1 – THE MUSIC CHOSEN WILL BE PRINTED IN THE PROGRAMME AND CANNOT BE ALTERED.**

TITLE OF CHOICE: _____ COMPOSER: _____

INSTRUMENT(WHERE APPLICABLE): _____ OPUS NO. IF APPLICABLE: _____

EXACT DURATION OF PIECE: _____ MINUTES and _____ SECONDS.
INCLUDING ANY SPOKEN INTRODUCTION

TICK BOX IF OFFICIAL ACCOMPANIST REQUIRED :

PAYMENT OF IS ENCLOSED. Cheques made payable to SWINDON MUSIC FESTIVAL.

ENTRY FORMS, ACCOMPANIED BY A COPY OF : "OWN CHOICE" MUSIC WHERE OFFICIAL ACCOMPANIST IS REQUIRED, AND STAMPED ADDRESSED ENVELOPE (MAXIMUM 23CM BY 16CM) , SHOULD BE SENT TO: MRS DAWN BALL, COMPETITORS SECRETARY, 8 9 LEIGHTON AVENUE, SWINDON, SN3 2JG

THE CLOSING DATE IS SHOWN IN THE SYLLABUS.

CHILDREN UNDER 18 MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT

ENTRIES ARE ACCEPTED ON CONDITION THAT ALL RULES AND REGULATIONS AS CONTAINED IN THE SYLLABUS ARE STRICTLY ADHERED TO.

SIGNED ON BEHALF OF COMPETITOR(S):

NO LATE ENTRIES WILL BE ACCEPTED