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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 AND A STAMPED ADDRESSED ENVELOPE (MAX 23CM BY 16CM), SHOULD BE SENT TO:
MRS DAWN BALL, COMPETITORS SECRETARY, 89 LEIGHTON AVENUE, SWINDON, SN3 2JG**

THE CLOSING DATE IS SHOWN IN THE SYLLABUS.

**A COPY OF "OWN CHOICE" MUSIC, WHERE FESTIVAL ACCOMPANIST IS REQUIRED, SHOULD BE
SENT TO: MRS DAWN BALL (AT THE ABOVE ADDRESS) TO ARRIVE NO LATER THAN 16 FEBRUARY 2010**

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