

This form may be photocopied



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 :

	NB PLEASE ENCLOSE £1.00 IF ACCOMPANIST REQUIRED FOR 'OWN CHOICE' CLASS.
--	--

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 BY THE CLOSING DATE.**

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