



 Competitors No (For Office Use Only)

Registered Charity No. 1030721

2026 ENTRY FORM

PLEASE COMPLETE IN BLOCK CAPITALS (INCOMPLETE OR ILLEGIBLE ENTRIES MAY BE DISQUALIFIED)
ON-LINE ENTRY FORM ALSO AVAILABLE - GO TO www.swindonmusicfestival.co.uk

CLASS NO: _____ CLASS TITLE: _____

NAME OF COMPETITOR, CHOIR OR GROUP: _____
(Name will be printed in the programme unless otherwise advised)

AGE if under 18 on the first day of the Festival
**** SEE FOOT OF PAGE**

CHOIRS & ENSEMBLES
State number of singers/players

Date of Birth if under 18 _____

COMPETITORS: _____ **If aged 16 and under day school attends:**

Email Address: _____ **SCHOOL** _____

Telephone No: _____

MUSIC TEACHER'S NAME: _____ TEACHER'S TEL NO: _____

OWN CHOICE. THIS SECTION MUST BE COMPLETED

SEE RULE 1 – THE MUSIC CHOSEN WILL BE PRINTED IN THE PROGRAMME AND CANNOT BE ALTERED.
NB TIME LIMIT 5 MINUTES UNLESS OTHERWISE STATED

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 £4.00 IF
ACCOMPANIST REQUIRED**

ENTRY FEE

£

 ACCOMPANIST FEE

£

TOTAL PAYMENT

£

Cheques made payable to SWINDON MUSIC FESTIVAL.

ENTRY FORMS AND A STAMPED ADDRESSED ENVELOPE SHOULD BE SENT TO:
MRS DAWN BALL, COMPETITORS SECRETARY, 89 LEIGHTON AVENUE, SWINDON, SN3 2JG
THE CLOSING DATE IS SHOWN IN THE SYLLABUS. LATE ENTRIES WILL NOT BE ACCEPTED

**A COPY OF "OWN CHOICE" MUSIC, WHERE FESTIVAL ACCOMPANIST IS REQUIRED, SHOULD BE
SENT TO: MRS DAWN BALL TO ARRIVE NO LATER THAN ONE WEEK AFTER THE CLOSING DATE.**

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

**FOR COMPETITORS UNDER 18 (OR VULNERABLE ADULTS OF ANY AGE) I CONFIRM THAT I GIVE (OR
HAVE OBTAINED) THE NECESSARY CONSENTS FOR THE COMPETITORS TO TAKE PART IN THE
FESTIVAL. SIGNED ON BEHALF OF COMPETITOR(S):**

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