

Festival Weekend - Entry Form

Ref No:

You can also: **download, print and complete this Entry Form from www.davidcloverfestivalofsinging.org.uk**

Please complete legibly in **BLOCK CAPITALS**.

Surname (Mr, Mrs, Miss)

First Name(s).....

Address.....

..... Post Code

Home Telephone No Performer's Mobile No

Performer's email address Parent's/Guardian's Mobile No

Parent's/Guardian's email address Age on 3 February 2017 **(if 18 or under)**

If the applicant is 17 or under on 26 November 2016, the parent or guardian must complete the following:
I, the undersigned, certify that the above information is correct, and I agree to my child's participation in The David Clover Festival of Singing.

Signed Parent / Guardian Date / /

Class no. and name	Song title/s and composer/s	Fee enclosed
Total Entry Fee(s) payable		

Cheques should be made payable to **David Clover Festival of Singing No 2 a/c**, or by bank transfer to:

NatWest Bank, sort code: 60-40-09, a/c no: 41256581

Cheque No. enclosed

Do you require the services of the Official Accompanist? YES / NO

Please tick this box if you, or any of your supporters, do **NOT** give permission for any photograph of yourself being used for publicity, promotion purposes, etc., without further consultation from the Festival.

On completion, **this form, the fee , copies for the official accompanist and a stamped addressed envelope** (at least A5 size) must be sent to: DCFS, 29 Kerwin Drive, Sheffield, S17 3DG **TO ARRIVE BY Saturday 26 November 2016.**

It will be necessary to use a large letter stamp.

I have read, understood and accept all the information in the handbook.

Signature of Applicant Date / /

Please tell us how you found out about the Festival

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