

Festival Weekend – Entry Form

You can also download, print and complete this Entry Form from www.davidclover-festivalofsinging.org.uk

Please complete all relevant sections of this form legibly in **BLOCK CAPITALS**.

Performer's Details:

Mr/Ms/Miss/Mrs/Other:

Surname:

First name(s):

Address:

Postcode:

Home telephone number:

Mobile number:

Performer's email address:

Age on 31 January 2025 (if 21 or under):

Entry Check list:

I have provided all song / aria details on the reverse of this form and have checked that these are correct.

N.B. Failure to do so may cause a delay in the processing and acceptance of your entry

Do you require the services of the Official Accompanist? Yes / No (*please circle as appropriate*)

I have enclosed with my entry, clear and legible copies of all music (except test pieces unless a different edition)

N.B. Failure to do so may mean that the official accompanist will not be available for you in the festival.

I have enclosed payment of Entry Fee:

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 number enclosed:

Or I have paid £ . by bank transfer, ref:

By submitting this entry, I confirm that I have read, understood and accept all the information in the Handbook.

Please let me know about future David Clover Festival of Singing (DCFS) events. I understand that DCFS will not share my details with any third party and will only contact me by email regarding DCFS events and activities. I understand that I can opt out at any time by contacting the Festival Committee.

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

Please ONLY tick this box if you do NOT give permission for any official recordings made during the festival of yourself being used for Festival publicity, promotion purposes, etc., without further consultation from the festival.

Signature of Applicant:

Date:

If the applicant is 17 or under on 31 January 2025, the parent or guardian **MUST** complete the following:

I, the undersigned, certify that all information on this form is correct, and I agree to my child's participation in The David Clover Festival of Singing.

Signed Parent / Guardian:

Date:

Parent /Guardian Mobile number:

Email address:

On completion, this form, the fee, and copies of music for the official accompanist (if required) must be sent to: **The Entries Secretary, DCFS, 29 Kerwin Drive, Sheffield S17 3DG** in an A4 sized envelope **to arrive by Saturday 9 November 2024**. It may be necessary to have your package weighed to avoid underpayment of postage.

Alternatively, Entry Forms may be emailed to music@davidclover-festivalofsinging.org.uk **but please note that music for the official accompanist MUST be sent BY POST to the Entries Secretary at the address above by the closing date.**

Please tell us how you found out about the festival:

P.T.O.

Please complete **ALL** of the following details and ensure you provide full and accurate information as the details you provide will appear in the Programme. Items for the Recital Class should be provided in order of performance.

Class no. and name	Title(s) of song/aria (including any recit.)	Work song/aria is taken from (if applicable)	Composer	Fee enclosed
Total Entry Fee(s) payable				£ .