



# 34<sup>TH</sup> South Cumbria Musical Festival

## ENTRY FORM

### SPEECH CLASSES



**PLEASE COMPLETE A SEPARATE FORM FOR EACH ENTRY, USING BLOCK CAPITALS.  
BOTH SIDES ARE REQUIRED FOR DUETS, TRIOS, GROUPS, ETC.  
YOU MAY PHOTOCOPY THIS FORM.**

<b>CLASS NUMBER</b>	<b>ENTRY FEE</b>
<b>FORENAME</b>	<b>SURNAME</b>
<b>SCHOOL YEAR</b>	<b>TOWN</b>

For Duets, Trios, Groups etc please enter details overleaf, in addition to completing the 'Responsible Person' section (below)

**OWN CHOICE TITLE** Failure to state all details will invalidate the entry. Use overleaf if necessary

<b>AUTHOR</b>	<b>DURATION</b>
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**A copy of all Own Choice items must be included with this entry form for the use of the Adjudicator. Photocopies are permissible under the Festival Agreement with ALCS.**

**Copies of all set pieces are available from the Festival Office. Please send a SAE for this purpose.**

**DETAILS OF PERSON RESPONSIBLE FOR ENTRY** For entrants under 18 a Parent / Teacher should sign.

We / I have read and agree to conform and abide by the rules and regulations and all policies of the Festival. We / I do not object to our / my personal data being held on the database and used in accordance with the Festival rules and regulations.

**FULL NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

<b>POSTCODE</b>	<b>TELEPHONE NUMBER</b>
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**SIGNATURE** \_\_\_\_\_ Entrant / Parent / Teacher (Please delete as applicable)

If you would like to join our email list to receive future Festival information then please tick the box and state your email address.

**YES**

**Please send your completed form with the correct fee to:**  
SCMF Entries Secretary, 24 Dorchester Crescent, Ulverston, Cumbria, LA12 9LP  
Cheques should be made payable to **South Cumbria Musical Festival**

## ENTRIES CLOSE THURSDAY 31<sup>ST</sup> DECEMBER 2009

Office use only                      Checked                      Entered                      Number



# SPEECH ENTRY FORM CONTINUED



**USE BLOCK CAPITALS AND ENSURE 'PERSONS RESPONSIBLE FOR ENTRY' SECTION IS COMPLETED (OVERLEAF)**

## ADDITIONAL COMPETITOR DETAILS

CLASS NUMBER

ENTRY FEE

## FOR CHORAL SPEAKING CHOIRS / GROUPS

NAME OF GROUP

NUMBER OF PERFORMERS

NAME OF CONDUCTOR

## ADDITIONAL DETAILS OF PERFORMANCE Please enter full details of Own Choice titles

TITLE

AUTHOR

DURATION

TITLE

AUTHOR

DURATION

TITLE

AUTHOR

DURATION

TITLE

AUTHOR

DURATION

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Checked

Entered

Number