



**34<sup>TH</sup> South Cumbria Musical Festival**  
**ENTRY FORM**  
**European Summer**  
**School Award**



**PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS**

It is anticipated the Summer School, lasting seven consecutive days will be held sometime during the period of July and August 2010.

**Applicants will be given correct dates as soon as these have been confirmed.**

There is no charge for being considered for this award.

**FORENAME**

**SURNAME**

**SCHOOL YEAR**

**TOWN**

**State if Vocalist / type of Instrument:**

The above applicant named wishes to be considered for the Summer School Award. I confirm they will be available for the period of time the summer school is due to be held

**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, regulations and all policies of the Festival.  
 We / I do not object to our / my personal data being held on the database in accordance with the Festival rules and regulations.

**FULL NAME**

**ADDRESS**

**POSTCODE**

**TELEPHONE NUMBER**

**SIGNATURE**

Entrant / Parent / Teacher (Please delete as applicable)

**Please send your completed form to:**  
 SCMF Entries Secretary, 24 Dorchester Crescent, Ulverston, Cumbria, LA12 9LP

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

Office use only

Checked

Entered

Number