

KINGSTON UPON THAMES FESTIVAL OF THE PERFORMING ARTS

Registered Charity No. 1036098

PLEASE COMPLETE IN BLOCK CAPITALS

COMPETITOR

Surname:

First Name:

Address:

.....

Post Code: Tel. No.:

Email:

Age as on 1st September (If under 21) yearsmonths (D.o.b. ___/___/____)

TEACHER

Name:

Address:

.....

Post Code: Tel. No.:

Email:

Number in Group or Ensemble:

CLASS No. <i>eg 100</i>	CLASS SUBJECT <i>Set piece: 7/u</i>	TITLE OF WORK (BLOCK CAPITALS PLEASE)	COMPOSER / WRITER	PERFORMANCE TIME Min / Sec	ENTRY FEE £ p	ACCOMPANIST FEE £ p

I agree to comply with all the conditions of entry published in the Festival Syllabus, including the rules of COPYRIGHT, and hereby declare that I am eligible to enter under Festival Regulations.

I also confirm that for competitors under 18 (or vulnerable adults of any age) I give (or have obtained) the necessary consent for the competitor to take part in the Festival.

Subtotals

TOTAL

Signed: (Performer / Parent) Date:

Notes: 1. Please send / e-mail Entry Form to the appropriate Section Secretary by the closing date together with:

- Entry Fees by crossed cheque, Postal Order or on-line payment payable to **Kingston upon Thames Festival of the Performing Arts** (30-94-77; Ac. 00649090)
For on-line payment add reference: Section / Name. (NB Competitors will be charged in full for any cheques returned by the bank.)
- Stamped addressed envelope (min 9x6in) if you want a printed slip of admission and details of the times you must attend.

2. A separate Entry Form must be used for each Section.

Please tick the appropriate boxes if you have also entered other Sections

Piano	Vocal	Instrumental	Dance	Speech & Drama	Asian Music
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COPIES OF OWN CHOICE PIECES MUST BE AVAILABLE FOR THE ADJUDICATOR AND AN EXTRA COPY FOR THE ACCOMPANIST