

KINGSTON UPON THAMES FESTIVAL OF THE PERFORMING ARTS

Registered Charity No. 1036098

SPEECH and DRAMA SECTION

PLEASE COMPLETE IN BLOCK CAPITALS

COMPETITOR

Surname:

First Name:

Address:

.....

Post Code: Tel. No.:

Email:

Age as on 1st September (If under 21) yearsmonths

TEACHER

Name:

Address:

.....

Post Code: Tel. No.:

Email:

CLASS No.	CLASS SUBJECT	TITLE OF WORK (BLOCK CAPITALS PLEASE)	COMPOSER / AUTHOR	PERFORMANCE TIME Min / Sec	ENTRY 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.

TOTAL

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.

Signed: (Performer / Parent) Date:

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

(a) Entry Fees can be paid electronically to

Account Name: Kingston-upon-Thames Festival of the Performing Arts Sort Code: 30-94-77 Account Number: 00649090 Competitor name as reference or

(b) by crossed cheque payable to **Kingston upon Thames Festival of the Performing Arts** (NB Competitors will be charged in full for any cheques returned by the bank.)

(c) Stamped addressed envelope (min 9x6in) to send your competitors slip of admission and details of the times you must attend.

2. A separate Entry Form must be used for each Section (forms may be photocopied).

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 ANY ACCOMPANIST