KINGSTON UPON THAMES FESTIVAL OF THE PERFORMING ARTS

Registered Charity No. 1036098

PLEASE COMPLETE IN BLOCK CAPITALS

COMPETITOR Surname: First Name: Address:				TEACHER Name:								
			Address:									
Post Code: Tel. No.: Email:				Email:								
												Age as on
CLASS No.	CLASS SUBJECT	TITLE OF WORK	COMPOSER /		/ WRITER	PERFORMAN TIME		ENTRY FEE	ACC	ACCOMPANIST FEE		
eg 100	Set piece: 7/u	(BLOCK CAPITALS PLEASE)				Min / Sec		£ p	_	£	p	
									_			
		ly with all the conditions of entry published in the Festival Syllabus, including are that I am eligible to enter under Festival Regulations.	g the rules of	COPYRIG	GHT,	Subtota	als					
	I also confirm t	that for competitors under 18 (or vulnerable adults of any age) I give (or have competitor to take part in the Festival.	obtained) th	ne necessar	y	TOTA	L					
C: 1. (I)f/D	4)		D-4								
Notes: 1.	Please send / e	ent)	date togethe	er with:								
		rossed cheque, Postal Order or on-line payment payable to Kingston u ment add reference: Section / Name. (NB Competitors will be charged					-94-77; Ac	. 00649090))			
		sed envelope (min 9x6in) to send your competitors slip of admission a										
		Entry Form must be used for each Section (forms may be photocopied) appropriate boxes if you have also entered other Sections		Piano	Vocal	Instrumental	Dance	Speech & Drama		Asian Music		