

Application Form

Please download this Application Form from www.davidclover-festivalofsinging.org.uk.
If necessary photocopy these pages.

Please complete legibly in **BLOCK CAPITALS**.

Surname (Mr, Mrs, Miss)

First Name(s).....

Address.....

..... Post Code

Home Telephone No..... Mobile Telephone No

Email

Age on 3 February 2012 (if 23 or under)

If the applicant is 16 or under, the parent or guardian must complete the following:-

I, the undersigned, certify that the above information is correct, and I agree to my child's participation in The David Clover Festival of Singing.

Parent / Guardian Date / /

Class No	Name of Class	Fee enclosed
Total Entry Fee(s) payable		

Cheques should be made payable to **David Clover Festival of Singing**.
Cheque / Postal Order No. enclosed

Do you require the services of the Official Accompanist? YES / NO

Please tick this box if you, or any of your supporters, objects to photographs of yourself being taken at the Festival by a designated photographer.

On completion, this **form**, the **fee (NOT the music)** and a **stamped self-addressed envelope** are to be sent to:
DCFS, 9 Carlton Rise, Pudsey, West Yorkshire LS28 7LS **TO ARRIVE BY Saturday 19 November 2011.**

Applications will not be accepted after the 19 November.

Signature of Applicant Date / /

Please tell us how you found out about the Festival

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