CLOSING DATE FOR ALL ENTRIES 26th November 2018

HAZEL GROVE MUSICAL FESTIVAL 2019 www.hazelgrovemusicalfestival.org.uk

TEACHER'S ENTRY FORM

Own Choice Music - 26th November 2018

BLOCK CAPITALS PLEASE

PLEASE PHOTOCOPY, USE A SEPARATE FORM FOR EACH SECTION AND SEND TO THE APPROPRIATE SECRETARY (ADDRESSES IN SYLLABUS)

NAME(S) OF COMPETITORS		If under 21	N.C. Year	SHORT ADDRESS Town	CLASS No.	DETAILS - required for 'Own Choice' Classes		FEES
First Name	Surname	Age on 15 th Feb 2013	Group	(For programme purposes)		Title	Author/ Composer etc	
						Less 10% for 10 or more	entries	
Closing date for entries Monday 26th November 2018 Own Choice Music must be sent by Monday 26th November 2018				1 4040	Programme inc. Postage £4.50 or			
Own Choice Mus	sic must be sent b	y Monday	26 th Nove	ember 2018	Iw	vill download the programm	e from the website	
				Cheques p	ayable to l	Hazel Grove Musical Festival	- TOTAL ENCLOSED	
I agree that the	ese competitors will a	dhere to the R	ules and Re	gulations in the current Sylla	ibus and I ha	ave obtained the necessary consents	for them to take part in the Festi	val
TEACHER'S	NAME (BLOCK CA	PITALS)				SIGNATURE		
ADDRESS	200	***************************************					POSTCODE	
TEL NO				EMAII				

NAME OF TEACHER
I am in receipt of the Policies contained in the Syllabus for the Hazel Grove Musical Festival on behalf of children under 18 years of age
Entered on
I undertake to ensure that copies of these policies are available to the parents/guardians/carers who will attend the Festival in sufficient time for them to make arrangements for the children's (or vulnerable adults in their care) attendance at the Festival.
I understand that the Festival organisers have requested me to ensure that parents/guardians/carers know that responsibility lies with them in pursuance of all the policies which I have understood.
Signed
Date