ENTRY FORM – SPEECH AND DRAMA

(rtn to Mrs K Lishman, Thackmoor Nook, Renwick, Penrith, CA10 1JT)

CLASS NO	NAME OF COMPETITOR (BLOCK CAPITALS PLEASE)	AGE (0-18)	OWN CHOICE TITLE (IF APPLICABLE)*	ENTRY FEE £

*Please remember that the Adjudicator will expect a copy of 'Own Choice' speech and drama pieces at the start of the class.

I will adhere to the regulations stated in the syllabus, and accept as final the decision of the Committee in all questions or disputes arising out of, or not provided in the regulations.

Signed		Mr/Mrs/Ms
Address		
Post Code:	Tel No:	Email:
Entry Fee Enclosed	(Please make all cheques payable to Carlisle & District Music and Drama Festival)	

I have ensured that parents/guardians/carers of the pupils I have entered have received a copy of the child protection policy.

Signed..... Date.....

Please enclose a stamped self-addressed envelope for your receipt and timetable, signed by, or on behalf of the competitors, to whom all correspondence will be addressed.