

# ENTRY FORM - SPEECH AND DRAMA 2019

Return to CD MDF Music Coordinator:  
Mrs K Lishman, Greystone House, Renwick, Penrith, Cumbria, CA10 1JT  
Closing date is **18th January 2019**

*Please enclose a sufficiently stamped self-addressed envelope for your receipt and timetable (1 A4 sheet).*

*When no SAE is enclosed, we will assume receipt and timetable are not required.*

*Please keep a record of the numbers of the classes you have entered;  
the timetable only lists class numbers, not names.*

*Timetable will be posted online - Facebook and website: [www.carlislemusicanddrama.com](http://www.carlislemusicanddrama.com) - as soon as available.*

## CONTACT DETAILS OF ENTRANT:

Title: .....	First name or initial: .....	Surname: .....
Name school / organisation (if applicable): .....		
Address: .....		
Postcode: ..... Town/City: .....		
Tel no: ..... Mobile no: .....		
Email address: .....		

***I, the undersigned, will adhere to the regulations stated in the Syllabus and on the CD MDF website, and accept as final the decision of the Committee in all questions of disputes arising out of, or not provided for, in the regulations. I confirm that I have read the CD MDF Safeguarding Policy for all children under 18 (or vulnerable adults of any age), that I understand that the Festival is not able to take any responsibility for their safety, and that I will convey this to parents/guardians/carers of any such competitors. I give (or have obtained) the necessary consents for the competitors to take part in the Festival.***

Signed .....

Date .....

## PLEASE NOTE:

\* If you are entering a class/group, please give us your best estimate of the number of performers. We would expect to be notified if this changes radically.

\*\* For participants under the age of 18 and living in Cumbria, please fill in their age at the start of the Festival

The Adjudicator will expect a copy of "Own Choice" Speech and Drama pieces at the start of the class.

**Please be advised that the information below may be published in our Festival Programme and/or shared with Cumbria County Council.**

CLASS number	NAME OF COMPETITOR (in block capitals please)	NAME OF SCHOOL ATTENDED (if applicable and if different from entrant information) or TOWN/CITY	number in group*	AGE** if 0-18	ENTRY FEE £
			<b>TOTAL TO PAY</b> cheques to be made payable to CD MDF		

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