

# ENTRY FORM - MUSIC 2024

Return to CD MDF Music Coordinator:  
Mrs L Young, 34 Holmehead Way, Carlisle CA2 6AJ  
Closing date is **20th January 2024**

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: .....
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 and 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 cannot take any responsibility for their safety & that I will convey this to any parents/guardians/carers of any such competitors.*

*I give (or have obtained) the necessary consents for the competitors to take part in the Festival.*

*I confirm that at the time of entry any individuals listed here are fit to take part in the Festival and that a member of the Committee will be informed if this situation changes.*

Please confirm you agree with the above by ticking all the boxes.

Name and signature: .....

Date .....

## PLEASE NOTE:

You may now delay the decision to use an Official Accompanist until the timetable is available. Please check website for any new Regulations regarding this. If you know at the time of entry that you will require the Official Accompanist, you should enclose a copy of the music with this form. Music must be labelled with the name of competitor and the class number it is for.

- TURN OVER TO LIST COMPETITORS -

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

CLASS number	NAME OF COMPETITOR (in block capitals please)	NAME OF SCHOOL ATTENDED This is for Festival processing purposes only. If you wish the competitor's school to be published in the programme, please write "same" in the next box across	PROGRAMME INFORMATION (this will be published and publicly available): this may be school attended, music teacher or locale of performer	Num- ber in group*	AGE if 0-18	FEE £
				<b>TOTAL TO PAY</b> cheques to be made payable to CD MDF		

**PLEASE NOTE:**

\* If you are entering a choir/band/group, please give us your best estimate of the number of performers. We would expect to be notified if this changes radically. Please confirm numbers to the Recording Officer on the day of the performance.

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

*FEEL FREE TO COPY THIS FORM IF NEEDED*