

SOLO VERSE SPEAKING ENTRY FORM

Please use Block Letters

Teacher's Name:
Teacher's Contact No.:
Solo Verse Speaking Age:
School:

No.	Name	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Please use different Entry Form for EACH Age Group. Photocopying is permitted.

Send your entries to - Registrar, Arklow Music Festival Office, 61/63 Main Street, Arklow, Co. Wicklow.

Telephone Enquiries: (0402) 32732 E-Mail: arklowcfs@hotmail.com

Closing date for entries: 16th January, 2018 **Entries accepted up to 23rd January, 2018 on payment of double fees**

Please enclose stamped addressed envelope for confirmation of your entry.

**ARKLOW MUSIC FESTIVAL
ENTRY FORM
Please Use Block Letters**

COMPETITION No.	
Competition:	
Competitor's Name:	
Address:	
Date of Birth:	
Teacher's Name:	
<i>(if applicable)</i>	
Name of Choice Pieces:	
<i>(if applicable)</i>	
Copy of Choice Pieces enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Entry Fee €_____ enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact No.:

*Teachers - if you are entering a number of students for solo verse speaking,
please fill in list of childrens' names and dates of birth on reverse.
Use one form per age group. Photocopy as required.*