

Festival Weekend Entry Form

You can also download, print and complete this Entry Form from www.davidclover-festivalofsinging.org.uk

Please complete all relevant sections of this form legibly in BLOCK CAPITALS.

Performer's Details:

Mr/Mrs/Miss/Ms/Other: Surname: First name: Known as:

Address (including postcode):

Home telephone number: Mobile Number:

Performer's (or carer's) email address: Age on 5 February 2027:

Gender: Ethnicity: Local Authority (for performance purposes):

Name of singing teacher (if applicable): How did you find out about the Festival?

DO YOU REQUIRE THE SERVICES OF THE OFFICIAL ACCOMPANIST? YES NO

- ☐ If **yes**, I have sent, **by post**, clear and legible **printed copies** of all music **labelled with my name and class number** for the Official Accompanist.

Entry Check List:

- ☐ I have provided all song / aria details on the reverse of this form and have checked that these are correct.
- ☐ I have made payment, either by cheque which has my **name and class numbers written on the back** **Cheques should be made payable to David Clover Festival of Singing No.2 a/c**,
Or by bank transfer, please use **performer's surname and initial as a reference** (see below for details)
Name of account: David Clover Festival of Singing No.2 a/c, sort code: 60-40-09, a/c no: 41256581

Amount paid: Cheque number enclosed: Bank Transfer Reference:

- ☐ By submitting this entry, I confirm that I have read, understood and accept all the information in the Handbook.
- ☐ Please let me know about future David Clover Festival of Singing (DCFS) events. I understand that DCFS will not share my details with any third party and will only contact me by email regarding DCFS events and activities. I understand that I can opt out at any time by contacting the Festival Committee.
- ☐ Please **ONLY** tick this box if you, or any of your supporters, do **NOT** give permission for any official images of yourself being used for Festival publicity, promotional purposes, etc., without further consultation from the Festival.
- ☐ Please **ONLY** tick this box if you do **NOT** give permission for any official recordings made during the Festival of yourself being used for Festival publicity, promotion purposes, etc., without further consultation from the Festival.

Signature of Applicant: Date:

If applicant is 17 or under on 5 February 2027, the parent or guardian **MUST** complete the following:

I, the undersigned, certify that all information on this form is correct, and I agree to my child's participation in the David Clover Festival of Singing.

Signed Parent/Guardian: Date:

Parent/Guardian Mobile number: Email address:

On completion, this form, the fee (if paid by cheque), and copies of music for the Official Accompanist (if applicable) must be sent to:

The Entries Secretary, DCFS, 29 Kerwin Drive, Sheffield, S17 3DG to arrive by **Saturday 7 November 2026**. It may be necessary to have your package weighed to avoid underpayment.

Alternatively, Entry Forms may be emailed to music@davidclover-festivalofsinging.org.uk, **but please note that music for the Official Accompanist MUST be sent by post to the Entries Secretary at the address above by the closing date.**

Please complete ALL the following details and ensure you provide full and accurate information as the details you provide will appear in the Programme. Items for the Recital Classes should be provided in order of performance.

Name of Singer: _____

Class no. and name	Title(s) of song/aria (including any recitative)	Work song/aria is taken from (if applicable)	Composer	Fee enclosed
			Total Entry Fee(s) payable	£