



Dance Entry Form Solos

Teachers Name \_\_\_\_\_

Tel No. \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Age as at 1 September 2018

PLEASE WRITE CLASS NO IN APPROPRIATE BOX

Name of Competitor	DOB	Baby Class	Classical/Stylised Ballet 13+	Mod Ballet or Contemp. 13+	Char	Nat	Greek	Cont.	Tap	Song & Dance	Modern	Lyrical

Pleasenote: 1. EACH AGE GROUP MUST be on a separate entry form 2. Enter Class no in appropriate box 3. Entries and Fees to be returned to Mrs A Gaterell  
209 Privett Road Gosport Hants. PO12 3ST **(all cheques payable to Gosport Music Festival)**

Teacher/Parent/Guardian must sign below to confirm that they have read the Safeguarding Policy And agree to abide by the Rules of the Festival

Print Name .....

Signature .....

Date .....