



Dance Entry Form Trios/Quartets

Teachers Name _____

Tel No. _____

Address _____

Email _____

Age as at 1 September 2018 (age of eldest Competitor Counts)

PLEASE WRITE CLASS NO IN APPROPRIATE BOX

Name of Competitor	DOB	Modern	Song & Dance	Tap	Classical				

Please note: 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