

SALISBURY DIOCESAN CHORAL FESTIVAL GROUP
DEAN'S AWARD TO CHORISTERS
ENTRY FORM

CANDIDATE'S NAME.....

VOICE PARTTreble/Soprano/Alto/Tenor/Bass/Unison singer (please delete as appropriate)

ENTERED BY.....

Age group: (date of birth if under 25): ____/____/____ 25-45 46-60 over 60

CHOIR.....

POSITION IN CHOIR.....

DATE JOINED CHOIR.....

PREVIOUS CHOIR (Give name of choir and date of entry if less than 2 years in present choir)

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Music to be performed:Hymn

Psalm or Canticle

Anglican / Plainsong / Monastic / Responsorial / Song
(please delete as appropriate)

Own Choice 1

Own Choice 2

Selected Festival for Section E

Has the candidate attended an RSCM or other training course? YES/NO

If so, please give details:

Does the candidate have any special needs that the examiner's and organisers should be aware of?

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NAME & ADDRESS FOR CORRESPONDENCE

(This should normally be the Choir Trainer)

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POSTCODE..... PHONE

Email

The testimonial from the choir trainer should be scanned or inserted here:

The testimonial from the Parish Priest, Head Teacher or other responsible person should be scanned or inserted here: