

BANGOR INTERNATIONAL CHORAL FESTIVAL ENTRY FORM

(Please copy & use a separate form for each class entered)

Name of Choir/Group:

Town/County:

Contact Name:

Address:

.....

Email:

Telephone: Mobile No

Name of Musical Director:

Name of Accompanist:

Number of Singers:

Approximate number of accompanying supporters.....

Please provide your choir/group's bank account details below - (this will enable us to make bank transfer payments correctly to prizewinning choir's/groups)

A/c Name:

A/c No:

Sort Code:

Bank Name

Bank Address

If you are travelling from outside Northern Ireland, please give details of your accommodation and the number of nights you will be staying, this will assist the organisers when assessing the impact of the festival.

Accommodation Name:

Number of Persons.....

Number of nights:

Class entry details: (eg Class 'F' Sacred Music) Class:

.....

Own Choice Pieces:

- 1.....
- 2.....
- 3.....

(a third piece is only required for a class where any number of pieces is permitted within a set time limit)

Entry Fee Enclosed or Bank Transferred: £..... (Please delete whichever is applicable)

Bank: Santander, Main Street, Bangor, Co Down, NI Sort Code: 09-01-29
Bank A/c No: 31030438
Bank A/c Name: Bangor International Choral Festival
IBAN GB88ABBY09012931030438

Please ensure cheques are made payable to Bangor International Choral Festival
ENTRY FEES ARE NON-REFUNDABLE

For Saturday Classes only please indicate if you wish to be allocated a rehearsal room – Y/N
NB. It is not possible to guarantee that a piano/keyboard will be available in all rooms

Signature: Date:

TO ALLOW US TO PROCESS OUR ENTRY FORM, PLEASE ENSURE YOU HAVE READ AND COMPLETED THE PRIVACY STATEMENT BELOW:

Please tick the box below to give us permission to use the information you have supplied in the following ways:

- To store it securely for programming purposes
- To communicate with you as a Teacher/Parent/Guardian/ Performer.

I consent to my data being used for festival purposes as detailed above. I understand that my data will be retained for 2 years.

Email: _____

Telephone: _____

Signed _____

Date _____

Please return completed Form **NO LATER THAN 4 FEBRUARY 2023 to:**
Mrs Margaret McDowell,
Chairperson,
14 Towerview Avenue,
Bangor,
BT19 6BB
Tel: 028 9146 0514 or M: 07516 787454