

**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 'A' Post Primary School Choirs 15 years & Under)**

Class: .....

**Own Choice Pieces:**

1 .....

2.....

3.....

(a third piece is only required for the Open Choral Competition or 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**

**Please ensure cheques or Sterling Drafts are made payable to Bangor International Choral Festival**

**For Saturday Classes only please indicate if you wish to be allocated a rehearsal room.**

**YES / NO**

**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 to:**

**Mrs Margaret McDowell, Chairperson, 14 Towerview Avenue, Bangor, BT19 6BB**

**Tel: 028 9146 0514 or M: 07516 787454**