VOCAL FESTIVAL 2015
YEARS 4-12
ENTRY FORM

Name: ________________________________________________________________

Year Level: ___________________ Contact Number: ______________________

Email: __________________________________________________________________

Section: __________________________________________________________________

Song Titles:

1. Classical or Folk Song: ________________________________________________

2. Music Theatre or Character Piece: ______________________________________

I, _________________________________, give permission for my child to participate in
the A.B. Paterson College Vocal Festival and authorise the Vocal Festival entry fee of $25.00 to
be charged to my College account (as applicable).

__________________________________________  ____________________________
SIGNATURE                                                                                          DATE

(Forms should be handed in to Miss Newcombe or Mrs Hewitt at the Performing Arts Office)