



GSA MUSICAL THEATRE SINGING GRADED EXAMINATIONS ENTRY FORM 2010 – 2011

Applicants and teachers are advised to read the Regulations and Further Information section of the syllabus before completing this form.

Please complete the form in **BLOCK CAPITALS** and **BLACK INK**.

Arrange candidates in ascending order (Grade 1, then Grade 2, etc). If you are entering more than 11 candidates, further photocopied sheets may be attached to this form. Further entry forms are downloadable or available on request.

Late entries will be accepted up to 7 days after the closing date with an additional **Late Entry Fee of £10.00** per candidate. Entries received later than this cannot be accepted.

A covering letter for each individual request for chaperone or special needs must accompany this application form.

If you are requesting an examiner to visit your area, please contact the GSA Graded Singing Examinations office, telephone number 01483 560701.

SECTION 1: APPLICANT / TEACHER DETAILS

Name:

Qualifications: [for optional inclusion on the certificate]

Address:

.....

Postcode: Tel [day]:

Tel [eve]: Email:



SECTION 2: CANDIDATE DETAILS

The spelling of names submitted on this entry form will be that used on certificates. Any changes requested after printing of certificates will be subject to an additional charge.

CANDIDATE 1

Candidate Name:.....

Grade to be entered:.....Date of Birth [DDMMYY]:.....

Gender (please tick): Male Female

Special needs or chaperone [Yes / No]. Please specify in accompanying letter. Fee [£]:.....

.....

CANDIDATE 2

Candidate Name:.....

Grade to be entered:.....Date of Birth [DDMMYY]:.....

Gender (please tick): Male Female

Special needs or chaperone [Yes / No]. Please specify in accompanying letter. Fee [£]:.....

.....

CANDIDATE 3

Candidate Name:.....

Grade to be entered:.....Date of Birth [DDMMYY]:.....

Gender (please tick): Male Female

Special needs or chaperone [Yes / No]. Please specify in accompanying letter. Fee [£]:.....

.....

**CANDIDATE 4**

Candidate Name:.....

Grade to be entered:.....Date of Birth [DDMMYY]:.....

Gender (please tick): Male Female

Special needs or chaperone [Yes / No]. Please specify in accompanying letter. Fee [£]:.....

CANDIDATE 5

Candidate Name:.....

Grade to be entered:.....Date of Birth [DDMMYY]:.....

Gender (please tick): Male Female

Special needs or chaperone [Yes / No]. Please specify in accompanying letter. Fee [£]:.....

CANDIDATE 6

Candidate Name:.....

Grade to be entered:.....Date of Birth [DDMMYY]:.....

Gender (please tick): Male Female

Special needs or chaperone [Yes / No]. Please specify in accompanying letter. Fee [£]:.....

CANDIDATE 7

Candidate Name:.....

Grade to be entered:.....Date of Birth [DDMMYY]:.....

Gender (please tick): Male Female

Special needs or chaperone [Yes / No]. Please specify in accompanying letter. Fee [£]:.....

**CANDIDATE 8**

Candidate Name:.....

Grade to be entered:.....Date of Birth [DDMMYY]:.....

Gender (please tick): Male Female

Special needs or chaperone [Yes / No]. Please specify in accompanying letter. Fee [£]:.....

CANDIDATE 9

Candidate Name:.....

Grade to be entered:.....Date of Birth [DDMMYY]:.....

Gender (please tick): Male Female

Special needs or chaperone [Yes / No]. Please specify in accompanying letter. Fee [£]:.....

CANDIDATE 10

Candidate Name:.....

Grade to be entered:.....Date of Birth [DDMMYY]:.....

Gender (please tick): Male Female

Special needs or chaperone [Yes / No]. Please specify in accompanying letter. Fee [£]:.....

CANDIDATE 11

Candidate Name:.....

Grade to be entered:.....Date of Birth [DDMMYY]:.....

Gender (please tick): Male Female

Special needs or chaperone [Yes / No]. Please specify in accompanying letter. Fee [£]:.....



GRADE	FEE	NUMBER OF CANDIDATES	TOTAL FEE
Grade 1	£29.00		£
Grade 2	£35.00		£
Grade 3	£38.00		£
Grade 4	£42.00		£
Grade 5	£45.00		£
Grade 6	£51.00		£
Grade 7	£55.00		£
Grade 8	£65.00		£
	TOTAL :		£

		NUMBER OF CANDIDATES	TOTAL FEE
LATE ENTRY FEE	£10.00		£
	TOTAL :		£

TOTAL FEE ENCLOSED WITH THIS APPLICATION :	£
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Please make cheques payable to Guildford School of Acting

If you require a receipt, please enclose a stamped, self-addressed envelope with this application.

2010 - 2011 EXAMINATION DATES		
Session	Closing Date for Entry	Examination Dates
Autumn	1st October	November / December
Spring	1st February	March / April
Summer	1st May	June / July



DECLARATION

I have read and undertake to abide by the regulations and conditions governing entry as set out in the syllabus, and I accept that fees are non-refundable.

Signature of Teacher or Parent: Date:

or

Signature of Applicant (if 18 or over): Date:

Please send your completed Entry Form, together with the correct fee, in an envelope marked **"ENTRY"** to

Chief Examiners Office
GSA Musical Theatre Singing Examinations
Guildford School of Acting
Stag Hill Campus
University of Surrey
Guildford
GU2 7XH