

Ffurflen Gais Ensembles Ifanc Dyfed Young Ensembles of Dyfed Application Form

*Gofynnir i'ch ensemble adnabod un aelod fel y prif berson cyswllt gyda Cherddorion Ifanc Dyfed.
Your ensemble should appoint one person who will act as the lead contact with Young Music Makers of Dyfed*

Enw Prif Gyswllt Lead Contact Name			
Ysgol/Coleg School/College			
E-bost Prif Gyswllt Lead Contact Email			
Ffôn (cartref) Tel (home)		Ffôn Symudol Mob	

Manylion yr Ensemble - Plîs nodwch enw a manylion pob aelod, gan gynnwys y prif gyswllt
Ensemble Details – Please include names and details of all members including lead contact

Enw / Name	Offeryn / Instrument	Oed / Age
Manylion am y darn o gerddoriaeth yr ydych chi'n bwriadu ei chwarae Details of the piece of music you're intending to play		
Cyfansoddwr (os yn berthnasol) Composer (if applicable)		
Teitl Title	Symudiad (os yn berthnasol) Movement (if applicable)	
Arddull Gerddorol Musical Genre	<input type="checkbox"/> Clasurol <input type="checkbox"/> Jazz <input type="checkbox"/> Gwerin <input type="checkbox"/> Blws <input type="checkbox"/> Roc <input type="checkbox"/> Pop <input type="checkbox"/> Cerddoriaeth y Byd <input type="checkbox"/> Arall <input type="checkbox"/> Classical <input type="checkbox"/> Jazz <input type="checkbox"/> Folk <input type="checkbox"/> Blues <input type="checkbox"/> Rock <input type="checkbox"/> Pop <input type="checkbox"/> World <input type="checkbox"/> Other	
Llofnod Rhiant / Athro Parent/Teacher's Signature		Dyddiad Date

Dychwelwch y ffurflen hon, erbyn **dydd Gwener Rhagfyr 15fed 2017** at:

Please return this form, by **Friday 15 December 2017** to:

Cathy Morris, Young Music Makers of Dyfed • Cerddorion Ifanc Dyfed
 Llys Melus, 75 Roath Court Road, CARDIFF • CAERDYDD CF24 3SF

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