

**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*

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| --- | --- |
| **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*

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| **Enw / Name** | **Offeryn / Instrument** | **Oed /Age** |
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| 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** | Clasurol / Jazz / Gwerin / Blws / Roc / Pop / Cerddoriaeth y Byd / ArallClassical / Jazz / Folk / Blues / Rock / Pop / World / Other  |
| **Llofnod Rhiant / Athro****Parent/Teacher’s Signature**  |  | Dyddiad Date |  |

Dychwelwch y ffurflen hon, erbyn **dydd Gwener Rhagfyr 14fed 2018** at:

Please return this form, by **Friday 14 December 20187** to:

Emyr Wynne Jones, Llysynant, Ffordd Bolahaul Road, Cwmffrwd, Carmarthen ˑ Caerfyrddin SA31 2LW

🖰 llysynant@gmail.com