

APPLICATION FORM

CATEGORY AND AGE GROUP

SURNAME

NAME

DATE OF BIRTH (DAY, MONTH, YEAR)

COUNTRY YOU WILL REPRESENT IN THE COMPETITION

HOME ADDRESS (STREET, POSTCODE, CITY, COUNTRY)

PHONE WITH COUNTRY AND CITY CODES

FAX

MOBILE PHONE

E-MAIL

SCHOOL/COLLEGE

TEACHERS (NAME, SURNAME, TITLE, ACADEMIC DEGREE)

Programme of the competition

Indicate: composer, music piece, duration.
Participants of the Debut Category fill only the first round.

FIRST ROUND

1. min.
 2. min.
 3. min.
 4. min.
 5. min.
- Total min.

SECOND ROUND

1. min.
 2. min.
 3. min.
 4. min.
 5. min.
- Total min.

THIRD ROUND

Concerto

Movement(s)

.....
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Total min.

I agree with the terms of the competition.

.....
DATE

.....
SIGNATURE