**SIXTH INTERNATIONAL COMPETITION FOR MUSIC PERFORMERS**

**as part of “TRYAVNA ART FESTIVAL” - TRYAVNA** **29 July - 4 August 2024
APPLICATION FORM**

1. Personal information

Name, surname:

Date of birth:

Educational institution / place of work:

Teacher:

Home address:

Telephone number:

e-mail:

2. Other information

I would like to take part in:

 (please, mark the chosen option with an “x” and fill in the missing information )

|  |  |  |
| --- | --- | --- |
| * Section 1
 | * Category A
 | Age group: |
| * Section 2
 | * Category B
 |  |

* Soloist instrumentalist - *please specify*:
* Piano Duo, Trio or Quartet for 4, 6 or 8 hands on one piano - *please specify the type of Ensemble and your partner's names*:
* Chamber Ensembles ‐ *please specify the type of Ensemble and your partner's names*:
* Teacher and student / students - *please specify the type of Ensemble and your partner's names:*
* Accompaniment - *please specify your partner's names*:

Programme:
( *please give full details as follows - names of the composer, work, opus, number, key and duration* )

1st round

|  |  |
| --- | --- |
| 1. | min. |
| 2. | min. |
| 3. | min. |
| 4. | min. |

2nd round

|  |  |
| --- | --- |
| 1. | min. |
| 2. | min. |
| 3. | min. |
| 4. | min. |

3. Attachments

* photo of good resolution (minimum 300 dpi - jpeg format)

 in a separate file with the participant's name

* copy of the bank transfer receipt for paid participation fee
* data protection declaration

*Format of scanned documents: pdf, jpeg*

I declare that this form is correct and complete.
I agree with the conditions and regulations and would like to take part in the

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|  |  |
| --- | --- |
| Date: | Signature: |
|  | Signature of Parent/Guardian:(in case of a minor candidate) |