

SEVENTH INTERNATIONAL COMPETITION FOR MUSIC PERFORMERS

as part of "TRYAVNA ART FESTIVAL" - TRYAVNA 4 - 10 August 2025

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 - all names of the composer, name / type of the work, opus, number, key and duration)

1st round

1.	min.
2.	min.
3.	min.
4.	min.

2nd round (if required for the selected age group)

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:

(manual or electronic)

Signature of Parent/Guardian:

(in case of a minor candidate / manual or electronic)