

**EIGHT INTERNATIONAL COMPETITION FOR MUSIC PERFORMERS**  
**as part of “TRYAVNA ART FESTIVAL” - TRYAVNA 2026**  
**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  
**EIGHT INTERNATIONAL COMPETITION FOR MUSIC PERFORMERS**  
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Date: .....

Signature: .....  
( manual or electronic)

Signature of Parent/Guardian: .....  
(in case of a minor candidate / manual or electronic)