INTERNATIONAL MUSIC SUMMER ACADEMY

as part of “TRYAVNA ART FESTIVAL” - TRYAVNA 3-9 August 2020
APPLICATION FORM

1.Personal information

Name, surname: ……………………………………….……………………………………………………………………………………….

Date of birth: …………………………………………………………….………………………………………………………………………

Educational institution / place of work: …..………………………………………………………………………………………..

Teacher: …………………………………………………………………………….……………………………………………………………..

Home address: ………………………………………………………………………………………………………………………………….

Telephone number: ………………………………………………………………………………………………………………………….

e-mail: ………………………………………………………………………………………………………………………………………………

I would like to participate in the International Music Summer Academy Masterclasses -

instrument / ensemble : ………........................................... required number of single classes : .......

2. Programme:

1. ………………………………………………………………...................................................... - ………………. min
2. ………………………………………………………………...................................................... - ………………. min
3. ………………………………………………………………...................................................... - ………………. min
4. ………………………………………………………………...................................................... - ………………. min

3. Attachments

* a scanned copy of the transfer receipt

*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

INTERNATIONAL MUSIC SUMMER ACADEMY as part of “TRYAVNA ART FESTIVAL” - TRYAVNA 3-9 August 2020.

Date: …………………………… Signature: ..........................................

Signature of Parent/Guardian in case of a minor candidate: ..........................................