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: ..........................................