**INTERNATIONAL MUSIC SUMMER ACADEMY**

**as part of “TRYAVNA ART FESTIVAL” - TRYAVNA 2 -8 August 2021
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 copy of the bank 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 2 - 8 August 2021.

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