**INTERNATIONAL MUSIC SUMMER ACADEMY**

**as part of “TRYAVNA ART FESTIVAL” - TRYAVNA 27 July - 1 August 2024  
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 : |

I would like to be provided with piano accompaniment at an additional cost -

|  |  |
| --- | --- |
| 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 have booked the desired timetable slots on the online schedule of the Academy.**

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