

**INTERNATIONAL MUSIC SUMMER ACADEMY**

**as part of “TRYAVNA ART FESTIVAL” - TRYAVNA 3 - 6 August 2025**

**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 : .....

teacher preference: .....

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

required number of single classes: .....

2. Programme:

*( please give full details as follows - all names of the composer, name / type of the work, opus, number, key and duration )*

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

**INTERNATIONAL MUSIC SUMMER ACADEMY**

**as part of “TRYAVNA ART FESTIVAL” - TRYAVNA 3 - 6 August 2025.**

Date : .....

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

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