

APPLICATION FORM (fac-simile)*To Associazione Musicale "Orfeo Stillo" - PAOLA (CS)*

Surname _____ Name _____
 Date Of Birth _____ Place Of Birth _____
 Address _____ Zip _____ City _____
 Tel. _____ E-Mail _____

ASK TO

Partecipate to the **XVII INTERNATIONAL COMPETITION GIOVANI MUSICISTI CITTÀ DI PAOLA – PREMIO S. FRANCESCO DI PAOLA** which will take places in **Paola (Cs) from May 25th to June 1st 2019** having read the regulation, accepted without any reservation
 SECT. _____ INSTRUMENT _____ CAT. _____

PROGRAM

<i>Author</i>	<i>Title</i>	<i>Duration</i>

COMPONENTS OF THE GROUP/ENSEMBLE

<i>Surname and Name</i>	<i>Instrument</i>

TEACHER WHO LOOKS AFTER FOR THE PREPARATION

Surname _____ Name _____
 address _____ zip _____ city _____
 tel. _____ e-mail _____

I would like to benefit of the accompanying pianist with a fee of €35 YES NO

Attachments:

1. Copy of an identity document
2. Copy of the participation fee receipt to
 IBAN: IT57W0335901600100000107521 of € ____
 Causal: participation fee of the candidate _____, cat _____
3. A photo
4. Technical sheet (if needed)

Date _____ Signature _____

GENERAL DATA PROTECTION REGULATION· I authorize this Association to the treatment of personal data according to D.LGS 196/03

Signature _____