

APPLICATION FORM (facsimile)

To the ASSOCIAZIONE MUSICALE ORFEO STILLO
PAOLA (CS) - Italy

Name and surname _____

Address _____

City _____ Zip _____

Country _____ Nationality _____

Phone _____ Mail _____

REQUESTS

to participate at the XV International Opera Competition S. Francesco di Paola to be held in Cosenza since 13 to 15 March 2018 having read the regulations and accepting it without some reservations.

PROGRAM

Author

Title

Author	Title

Attached:

- photo
- identity card or passport
- copy of the receipt of payment of € 80,00 (participation fee)

Date _____

Signature _____

PRIVACY LAW AUTHORIZATION - it authorizes this Association to the processing of personal data under the Legislative Decree 196/03

Signature _____