|  |  |
| --- | --- |
| Name and surname: |  |
| Date of Birth: |  |
| Address: |  |
| City: |  |
| Zip code: |  |
| Country: |  |
| E-mail: |  |
| Phone number: |  |
| Music school / Academy or College: |  |
| In the class of professor: |  |
| Grade / Year: |  |
| **CATEGORIES:** |  |
| **SOLO GUITAR (AGE LIMIT)** | Write the category in which you are competing. |
| Program | Enter the competition program. |
| Proof of payment | Send attached along with this application form. |
| Personal ID | Send attached along with this application form. |
| **CHAMBER ENSEMBLES** **WITH GUITAR** | Write the category in which you are competing. |
| Program | Enter the competition program. |
| Proof of payment | Send attached along with this application form. |
| Personal ID | Send attached along with this application form. |