19th International Contest for Clarinet "TOWN OF CARLINO"

**APPLICATION FORM**

Category: Pianist

(tick only when the pianist provided by the organization is required)

|  |  |  |
| --- | --- | --- |
|  | **Clarinet Soloist “Baby”** |  |
|  | **Clarinet Soloist “Junior A”** |  |
|  | **Clarinet Soloist “Junior B”** |  |
|  | **Clarinet Soloist "Senior"** |  |
|  | **Bass Clarinet** |  |
|  |  | (Write in CAPITALS) |

Surname Name

Date of Birth (dd/mm/yy) Place

(Address) Street n°

Postal code Hometown

Country

Telephone Mobile

Fax E-mail

Graduated at

Titles and length of time in minutes of the pieces you are going to play:

|  |  |  |
| --- | --- | --- |
| ***TITLE*** | ***AUTHOR*** | ***LENGTH*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*I declare to accept the rules of the contest regulation.*

*Signature*

(signature of a parent in case of underage)