

21ST International Clarinet Competition “TOWN OF CARLINO”

APPLICATION FORM

Category:

Pianist

(barrare solo in caso di utilizzo del pianista fornito dall'organizzazione)

- | | | |
|--------------------------|------------------------------------|--------------------------|
| <input type="checkbox"/> | Clarinet Soloist “Baby” | <input type="checkbox"/> |
| <input type="checkbox"/> | Clarinet Soloist “Junior A” | <input type="checkbox"/> |
| <input type="checkbox"/> | Clarinet Soloist “Junior B” | <input type="checkbox"/> |
| <input type="checkbox"/> | Clarinet Soloist "Senior" | <input type="checkbox"/> |
| <input type="checkbox"/> | Bass Clarinet | <input type="checkbox"/> |
| <input type="checkbox"/> | Clarinets Ensemble | <input type="checkbox"/> |

(Compilare in STAMPATELLO)

Surname _____

Name _____

Born on _____ in _____

Address _____ n° _____

Postal code _____ Town _____ Prov _____

Country _____

Telephone _____ Mobile _____

Fax _____ E-mail _____

Graduated at _____

Titles and duration in minutes of the pieces to be presented:

<i>TITLE</i>	<i>AUTHOR</i>	<i>MINUTES</i>

I declare to accept the rules of the competition rules.

Signature

(signature of a parent in the case of a minor)