

SONUS CONTEST
Application form

Name and Surname _____

Address _____

Phone _____ email _____

Place and date of birth _____

Tax ID code _____

I ask to register to SONUS CONTEST

SECTION:

CATEGORY:

Pieces presented:

1) _____

2) _____

YouTube or Vimeo links:

1) _____

2) _____

Name of the teacher: _____

I ask to register for the SONUS CONTEST and I declare that I fully understand and accept e without any reservation the rules of participation and conduct of the competition contained in regulation. I authorize the use of my personal data and attach: copy of an identity document valid, curriculum vitae (excluding Categories A and B of the Soloists Section), receipt of payment. I also request membership of the Brilliance Association and declare that I know ed accept the statute and comply with the resolutions legally adopted by the associative bodies.

Place and date _____

Signature (parent's in case of underage)
