

Application form

I. „In Medias Brass” Chamber Music Festival and Competition
Szentendre, 21-23 April 2017

Name of the group:

Category (Please, select one)

A

B

C

D

Members:

Name	Instrument	Date of birth
Name	Instrument	Date of birth
Name	Instrument	Date of birth
Name	Instrument	Date of birth
Name	Instrument	Date of birth
Name	Instrument	Date of birth

Program

I. round

Composer	Title	Duration
Composer	Title	Duration

II. round

Composer	Title	Duration
Composer	Title	Duration

Contact Person's name:	
Phone number:	email address:
If you need receipt from the application fee, please, give us the following: Name of the Organization/Person, City, Zip code, Address)	

Please attach to the application form the photocopy of the ID card or passport of the applicants to certify the age of the competitors. This document must be shown at the registration.

.....
 Contact Person

Place.....,year.....month.....day

Please send the application form to **festival.imb@gmail.com**.

Dead line: **3rd March 2017 (Friday)**