

PARTICIPATION FORM

FIFTH INTERNATIONAL VIOLIN COMPETITION

„VASCO ABADJIEV”

BULGARIA – SOFIA

28 Novembre - 01 December 2019

From

.....

Forename, Surname

Date of birth:

Country:

Address:

City:

Municipality:

Postal code:

Street:

№:

Mobile phone: e-mail:

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Education:

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Educational institution (graduated from or where currently studying):

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Violin pedagogues:

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Awards and Distinctions:

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I will present the following competition program:

First Round:

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Second Round:

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Third Round:

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I DO/ DO NOT want to be provided with a pianist (please choose)

I hereby ask to be allowed to participate in the **FIFTH INTERNATIONAL VIOLIN COMPETITION "VASCO ABADJIEV"**. I declare that I agree to the regulations of the contest.

I agree my personal data and photos to be used in informational and advertising material, related to the contest.

.....2019

Signature:

City.....

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