

APPLICATION FORM

For the Participants of The Iwona Borowicka International Operetta and Musical Competition

I.

LAST NAME

FIRST NAME

DATE OF BIRTH

HOME ADDRESS

PHONE

E-MAIL

II.

WORKS TO BE PERFORMED WITHIN 1st STAGE:

1 performance time

2 performance time

3 performance time

III.

WORKS TO BE PERFORMED WITHIN 2nd STAGE:

1 performance time

2 performance time

3 performance time

IV.

ACCOMPANIST: OWN/DUTY (ARRANGED) (please select one):

Please give the name of your own Accompanist

V.

ACCOMMODATION (please select your choice):

Bed Yes No

From (date): to (date):

Number of persons:

PAYMENT INSTRUCTION

The amount

Bank Name:

Acc. No.:

Beneficiary Name:

Beneficiary address:

Payment title:

200,00 PLN only by wire transfer with following details:

Bank Zachodni WBK O/Kraków

PL51 1500 1142 1220 6034 0969 0000

Fundacja Pomocy Artystom Polskim CZARDASZ,

Tarnobrzaska 14, 30-654, Kraków, Polska.

COMPETITION REGISTRATION FEE