

DINU LIPATTI

International Music Competition for Youth

APPLICATION FORM

Instrument - Section: _____

Category: ☐ Kids ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ TOP

Staff Pianist: ☐ YES ☐ NO

CANDIDATE DETAILS

Name: _____

Surname: _____

Born in: _____ on: _____

Address: _____

Tel: _____ Email: _____

TEACHER

Name & Surname: _____

Tel: _____ Email: _____

ATTACHMENTS

- ☐ Copy of ID card or self-certification
- ☐ Copy of the registration fee payment receipt
- ☐ Detailed program (Composer, Title, Duration)

I declare that I have read and fully accept the rules of the competition.

Date: _____ Signature: _____

Parent's Signature (if minor): _____