



REGISTRATION CARD

IV CELLO COMPETITION

CELLOLOVE duet

Cracow, March 9-11, 2022

The card should be filled out legibly and sent electronically (scan/photo) to cellolove@sm1krakow.eu or by fax 12 656 09 45

Duet.....(CAN BE A NAME)

1. NAME, SURNAME OF PARTICIPANT _____

MONTH AND YEAR OF BIRTH _____

CLASS / TEACHING CYCLE _____ / _____

2. NAME, SURNAME OF PARTICIPANT _____

MONTH AND YEAR OF BIRTH _____

CLASS / TEACHING CYCLE _____ / _____

GROUP _____

SCHOOL CONTACT INFORMATION:

NAME & ADDRESS _____

PHONE NUMBER/E-MAIL _____

PHONE NUMBER OF PARTICIPANT OR GUARDIAN (1) _____

(2) _____

TEACHER'S NAME (1) _____

TEACHER'S NAME (2) _____

PROGRAMME:

1. _____

2. _____

DURATION OF THE PROGRAM _____ min.

(podpis nauczyciela)

(podpis rodziców)