



## REGISTRATION CARD

### IV CELLO COMPETITION

CELLOLOVE solo

Cracow, March 9-11, 2022

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

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 \_\_\_\_\_

TEACHER'S NAME \_\_\_\_\_

NAME OF THE PIANIST \_\_\_\_\_

PROGRAMME:

1. \_\_\_\_\_

2. \_\_\_\_\_

DURATION OF THE PROGRAM \_\_\_\_\_ min.

\_\_\_\_\_

\_\_\_\_\_  
(teacher's signature)

\_\_\_\_\_  
(signature of parent/legal guardian)