Attachment No. 1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of educational institution

**Alfreds Kalnins’ International Competition of Young Pianists**

**Application form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Participant’s name, surname, date of birth (day/month/year) | Class,  Group | Teacher’s name, surname, mob.phone | Programme  (composer’s name, surname, title of composition, opus, No., tonality) | Length of the composition |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

If it is necessary to issue an invoice, please attach bank account details of the institution.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Name, surname

Phone, e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_