Accademia Musicale Romana

9th INTERNATIONAL COMPETITION "YOUTH ACADEMY AWARD 2019"

APPLICATION FORM

The application must be completed in ALL parts **DEADLINE 3 MAY 2019**

SECTION: □ **PIANO** □ **CHAMBER MUSIC**

CAT. □ **Junior** □ **A** □ **B** □ **C** □ **D** □ **E** □ **F** □ **G** □ **H** □ **I**

NAME AND SURNAME _____

INSTRUMENT (for Chamber Music) _____

NAME OF THE GROUP (for Chamber Music) _____

PLACE OF BIRTH _____

DATE OF BIRTH _____ **NATIONALITY** _____ **SEX** □ **M** □ **F**

RESIDING IN _____ **N.** _____

CITY _____ **PROV.** _____ **C.A.P.** _____

STATE _____ **TEL.** _____ **CELL.** _____

E-MAIL _____

TEACHER _____

TEACHER'S E-MAIL _____

Attached are the following documents:

- Photocopy of identity card or passport (for children under 18 a picture and declaration of truth signed by a parent).
- Curriculum vitae (with the obligatory mention of the present teacher and the teacher of the past three years including Master Class).
- A copy of receipt of the tuition fee paid by bank transfer on bank account held at **Accademia Musicale Romana – Banca di Credito Cooperativo di Roma** – Agency 25 – Via Monte delle Capre 18/C – 00148 – ROMA –
  IBAN: IT 19 M 08327 03225 0000 0000 6527 – BIC (SWIFT): ROMAITRR
  Reason: Contribution 9th International Competition "Young Academy Award 2019"
- List of the program signed by the participant or guardian

Date _____

I hereby authorize the processing of personal data in accordance with local regulations concerning the protection of privacy by the Accademia Musicale Romana; I declare that I fully accept the Regulations.

Signature of competitor _____

Signature of a parent for minors _____