



## Subscription form

### XXXIX INTERNATIONAL "CITTA' DI CASTELFIDARDO" PRIZE AND AWARD FOR ACCORDION SOLOISTS AND GROUPS 18 - 21 september 2014

Category

Surname  Name

Birthdate  Citizenship

Address

Tel.  Mobile phone  Fax

E-mail

Name of Orchestra:

Teacher or Director:

Please add a list of person in the group:

Musical pieces of your choice (may not be changed during the competition)

#### 1<sup>ST</sup> ROUND

  

Playing time

#### 2<sup>ND</sup> ROUND (category E – I and PRIZE)

  

Playing time

The undersigned is prepared to play without recompense (free of charge) in the festival restaurants and in the event areas :  YES  NO

If "YES" on which days:  18  19  20  21

Signature of Applicant \_\_\_\_\_ data

Subscription form must reach the Award Secretariat not later than **24 August 2014 as follows:**

**BY MAIL:** sent to the Award Secretariat Comune di Castelfidardo – Piazza della Repubblica, 8 60022 Castelfidardo (Ancona) Italy, together with an identity document;

**BY E-MAIL to:** [turismo@comune.castelfidardo.an.it](mailto:turismo@comune.castelfidardo.an.it) attaching a file with a copy of an identity document;

**BY FAX to:** +39 071 7829357 together with an identity document;