

NAME of the group (in native language and in Latin letters)		Country	
ADDRESS, Street		Zip Code	City
Telephone number		Fax number	
Choir's Email		Choir's Website	
Choir's year of foundation			
Your CONTACT PERSON			
First name Please, add Ms./Mr./Mrs. before the name		Last name	
ADDRESS, Street Write in these fields ONLY if the address is different than the one of the group		Zip Code	City
Email	Telephone number	Mobile Number	
Your CONDUCTOR			
First name Please, add Ms/Mr/Mrs before the name		Last name	
ADDRESS, Street Write in these fields ONLY if the address is different than the one of the group		Zip Code	City
Email	Telephone number	Mobile Number	
Does your conductor conduct another participating choir? Please, give details.			

Your STAY			
Number of singers (including conductor)	Additional people	Bus drivers	Total people
Arrival date	Departure Date	Total nights	

How will you travel? Please, put an X next to the concerning answer

Coach*	Plane	Train	Car	Other

*Is this coach at your disposal during your entire stay? Yes: No:

Do you need us to arrange your arrival TRANSFER? If yes, please indicate

Transfer from:	
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Do you need us to arrange your departure TRANSFER? If yes, please indicate

Transfer to:	
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Do you need to rent a COACH for your stay? Would you like us to send you an offer?

Yes, please No, thanks

What is your desired accommodation category? Please, put an X in the concerning field			Please, indicate the number of rooms you need to book:			
					-	-
Standard	Comfort	Superior	SGL	DBL	TPL	MBR

Please, write here eventual notes:

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With your signature you agree, in the name of all participants, to accept the conditions of the official announcement.

Place, date	Signature Choir Representative	Signature Conductor

Your PAYMENT via Credit Card

If you would like to pay with credit card*, please indicate your credit card type (put an x in the concerning box) and put your signature as a form of allowance for the transaction. We will contact you in a separate instance to receive your cc information and proceed with the payment. This form of payment is allowed *only* for the registration fees.

VISA CARD	MASTER- CARD	Card holder's full name	Signature

Your PAYMENT via Bank Transfer

We kindly ask you not to detract your bank expenses and to send us the full registration fee. Thank you!

Your chosen Competition Categories

A	with requirements		G	Children and Youth Choirs	
	A1 – Mixed Choirs	<input type="checkbox"/>		G1 – Children Choirs	<input type="checkbox"/>
	A2 – Male Choirs	<input type="checkbox"/>		G2 – Youth Choirs of equal voices	<input type="checkbox"/>
	A3 – Female Voices	<input type="checkbox"/>		G3 – Youth Choirs of mixed voices	<input type="checkbox"/>
B	without requirements		S	Musica Sacra	
	B1 – Mixed Choirs	<input type="checkbox"/>			
	B2 – Male Choirs	<input type="checkbox"/>	F	Folklore	
	B3 – Female Voices	<input type="checkbox"/>			
			P	Pop & Jazz	

Please, place an X next to the chosen Category. In case you compete in more than one category: please, copy the content of this page and paste it below this document, then fill it in with the same modality.

Number of singers: Ages of singers, from to years.

Your Competition Programme

	Composer's Last name	Composer's First name	Date of Birth/Death	Title of the Piece	Duration
1.					
2.					
3.					
4.					
5.					
6.					

Please, indicate with an X what pieces have accompaniment and what instruments accompany them:

1.	<input type="checkbox"/>	Accompanied by:	
2.	<input type="checkbox"/>	Accompanied by:	
3.	<input type="checkbox"/>	Accompanied by:	
4.	<input type="checkbox"/>	Accompanied by:	
5.	<input type="checkbox"/>	Accompanied by:	
6.	<input type="checkbox"/>	Accompanied by:	

Your chosen Activities:

<input type="checkbox"/>	EP – Evaluation Performance <i>for competing choirs</i>
<input type="checkbox"/>	EP – Evaluation Performance <i>for non-competing choirs</i>
<input type="checkbox"/>	IC – Individual Coaching <i>for all choirs</i>
<input type="checkbox"/>	VT– Voice Training <i>for all choirs</i>

Please, place an X next to the chosen Activity.

Your Evaluation Performance Programme

	Composer's Last name	Composer's First name	Title of the Piece	Duration
1.				
2.				
3.				
4.				
5.				

NB: The number of pieces you will perform for your EP depends on your chosen category.

Your Individual Coaching Programme

	Composer's Last name	Composer's First name	Title of the Piece	Duration
1.				
2.				

Your Friendship Concert Programme

Please, indicate the type of music of this concert's programme. (Put an X in the concerning field) .

Duration: 20 min.

Please, send us the programme of your FC at least two (2) months before the event starts.

Sacred Music Programme	<input type="checkbox"/>	Secular Music Programme	<input type="checkbox"/>
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Items enclosed to your Application Form

Please, refer to the official Announcement for the specific requirements.

Please put an X next to the attached items. Thanks!

	Proof of payment of the REGISTRATION FEE
	AUDIO RECORDING
	SHORT BIOGRAPHY OF your CHOIR
	PHOTO OF your CHOIR
	MUSIC SCORES FOR Competition Programme
	MUSIC SCORES FOR EP-Evaluation Performance
	MUSIC SCORES FOR IC-Individual Coaching

Do you need any advice on your literature's choice? Please contact Your Publisher:



Porfiri & Horváth Publishers

Tel.: +49 (0) 6403-9784225

E-Mail: office@ph-publishers.com

www.ph-publishers.com

Please, send the application form to:

info@meeting-music.com

Our contact information:

meeting
music

3. PER MUSICAM AD ASTRA

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APPLICATION FORM 