** Registration Form
 “GALAXY OF TALENTS” Children Musical Contest.**

**Please fill in a separate registration form for each participant. Participation fee: 30 euro per person.**

|  |  |
| --- | --- |
| **Name/ Surname** |  |
| **Date of Birth** |  |
| **Parent Name/Surname** |  |
| **Parent Contact Number** |  |
| **Contact E-mail Address** |  |
|  |  |
| **Musical School Name** |  |
| **Teacher’s Name/Surname** |  |
| **Contact Phone Number** |  |
| **Contact E-mail Address** |  |

**Nomination: POP VOCAL PIANO STRING INSTRUMENTS
Composition Tittle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Author\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Duration ( max 3 min)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Accompanist Name/Surname if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **As a parent of this participant, by signing this paper I give my permission for his/her participation at “GALAXY of Talents” Children Musical Contest and agree on all the rules and regulations of the Contest.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By filling in this registration form, you give your consent for your personal data to be collected and used with reference to your participation in the event. The organizers reserve the right to use the data you provide for the purposes of distributing relevant information about this event in particular and other relevant future events.**