APPLICATION FORM

ORGAN PRIZE SAN CARLINO 2027

In memoriam Andreina Rocca Bassetti

Name and last name _____

Date of birth Y_ _ _ _ /M _ _ /D _ _

Address _____

e-mail _____

Phone nr. _____

Registration fee of € 30,00 must accompany the application. The fee should be paid to the following bank account:

IBAN: IT93 W030 6909 6061 0000 0410 561
Associazione Amici di San Carlino ETS

Please include following text: “Premio organistico San Carlino” followed by the candidate's name and surname.

Copy of an ID document (the organist and any other musicians for the categories II and III) should be sent along with the application form.

I do hereby declare that I, _____(candidate's name) have read and will comply with all the competition's rules, terms and conditions, included ANNEX A on the following page.

I acknowledge that I have read the EU regulation n. 2016/679 and I give my consent to the “Associazione Amici San Carlino ETS” to process my personal data for the course of the competition.
I do give my consent to the “Associazione Amici di San Carlino ETS” to send me notifications about the competition.

Date _____ Signature _____

ANNEX A)

Form to be completed for the application of any other instrumentalists included in categories II. GRAND ORGAN AND... and III. POSITIVE ORGAN AND BAROQUE ENSEMBLE

Category II. GRAND ORGAN AND...

- NAME_____

- SURNAME_____

- DATE OF BIRTH_____

Category III. POSITIVE ORGAN AND BAROQUE ENSEMBLE

- FIRST NAME_____

- SURNAME_____

- DATE OF BIRTH_____

- FIRST NAME_____

- SURNAME_____

- DATE OF BIRTH_____

- NAME_____

- SURNAME_____

- DATE OF BIRTH_____

Date

_____ _____

Signature of the ensemble organist

_____