



## APPLICATION FORM

Group Name:

Address:

Telephone: Fax :

E-Mail:

President:

Conductor:

Mobile Phone of the official leader who will escort the group:

Total Musicians + 1 Official Leader number:  
Men: Women:

Total Companions number:  
Men: Women:

Bus drivers number:

The Group will participate in the event (mark X in the corresponding box):

4 days  3 days  2 days  1 day

**N. B. All the information have to be filled-in.**



Within the 30th April 2018 please send us:

- Bank receipt attesting the account via fax or mail. (to know the amount look at the accounts chart in the invitation letter, the bank address is below)
- Short history of the group and a photograph.

**We inform you that the balance should be paid within the 31st May 2016 and the bank receipt send until 10 June 2018.**

**FILARMONICA SESTRESE -Via Goldoni, 3 - 16154 GENOVA - ITALY**

**Tel./Fax +39 010/6531778 [imf.filarmonicasestrese@gmail.com](mailto:imf.filarmonicasestrese@gmail.com)**

**[www.filarmonicasestrese.com](http://www.filarmonicasestrese.com) [imf.filarmonicasestrese.com](http://imf.filarmonicasestrese.com)**

**Bank Address and relevant details to credit the amount:**

**BANCA CARIGE**

**CODICE IBAN IT78 L061 7501 4210 0000 3260 320**

**Codice BIC/SWIFT: CRGEITGG121**

