



APPLICATION FORM

Group Name:

Address:

Mobile (WhatsApp): Telephone :

E-Mail:

President:

Conductor:

Mobile of an official leader who will escort the group:

Total Musicians/Official leaders 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.

Please fill and send us within the 15th February 2020.



Within the 30th April 2020 please send us:

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

We inform you that the balance should be paid within the 30th May 2020 and the bank receipt send until 10 June 2020.

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

Tel. +39 010/6531778

imf.filarmonicasestrese@gmail.com; info@filarmonicasestrese.com

imf.filarmonicasestrese.com - 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

