

**Please send the application form by 30.03.2020**

**“Muszelki Wigier 2020” Festival Office: Suwałki Cultural Center 5 Papieża Jana Pawła II Street 16-400 Suwałki muszelkiwigier.pl**

**APPLICATION FORM  
INTERNATIONAL SONG AND DANCE COMPETITION  
“MUSZELKI WIGIER 2020” (WIGRY SHELLS 2020)**

**CATEGORY DANCE**

**I. Information about the group**

1. Group’s name .....
2. Category .....
3. Institution entering the group for the Competition (address, phone number, e-mail) - obligatory .....
4. Instructor’s name (telephone, address) .....
5. Number of performers .....
6. Age of performers .....
7. Short information about the group (participation in competitions, achievements).....

**II. Information about the programme**

1. Title of the choreography.....
2. Author of the choreography .....
3. Music (if the mix it should include titles songwriters, composer) .....
4. Duration .....
5. Technical requirements .....
6. I agree to the processing of personal data.

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**SINGERS**

1. Name and surname of a soloist or name of the group. ....
2. Birth year ..... (in case of the group, please state the birth year of the oldest member).
3. Institution entering the group/soloist for the Competition (address, phone number, email) - obligatory.....
4. Competition pieces (title, songwriter, composer).....
  - a) song no 1 .....
  - b) song no 2 to be performed at Jury’s request (title, songwriter, composer).....
5. Type of accompaniment .....
6. Technical requirements .....
7. Short information about the soloist/group (participation in competitions, achievements).....
8. Name and surname of the instructor.....
9. Group consist of..... girls and ..... boys
10. Enclosed demo CD/MK - description .....

*Instructor’s signature*

*Applicant’s signature and seal*

*Instructor's signature*

*Applicant's signature and seal*

**Accommodation booking**

Accommodation for ..... people:

..... girls ..... boys

..... women ..... men ..... driver(s),

**28/29.05.2020    29/30.05.19    30/31.05.19**

*Circle and complete if applies*

meals:

**28.05.2020** late dinner .....

**29.05.2020** breakfast ..... late dinner.....

**30.05.2020** breakfast ..... late dinner.....

**31.05.2020** breakfast .....

**We would like to participate in workshops**

.....  
.....  
.....  
.....

*(please state instructor's name, number of dancers and applicant's name)*

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*(please state instructor's name, number of soloists and applicant's name)*