**I International Competition of Young Cellists and Chamber Ensembles “My Cello” dedicated in memory of the prof. Domas Svirskis**

SOLOIST

**APPLICATION FORM**

COUNTRY, CITY

SCHOOL

ADRESS, phone., e-mail, (teacher’s phone.)

AGE GROUP

TEACHER

CONCERTMASTER

|  |  |  |
| --- | --- | --- |
| Participant’s name, surname | Date of birth | Class |
|  |  |  |

PROGRAM

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| --- | --- | --- | --- |
|  | COMPOSER | NAME OF THE MUSIC PIECE | DURATION |
| 1. |  |  |  |
| 2. |  |  |  |

PLEASE SEND FILLED FORM: [rimaugianskiene@yahoo.com](mailto:rimaugianskiene@yahoo.com)

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CHAMBER ENSEMBLES

**APPLICATION FORM**

COUNTRY, CITY

SCHOOL

ADRESS, phone., e-mail, (teacher’s phone.)

AGE GROUP

TEACHER

CONCERTMASTER

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| No. | Participant’s name, surname | Date of birth | Class | Instrument |
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