FOLKLORE ASSOCIATION "IGRAOREC"

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APPLICATION FORM

Group's name:			
Address:			
City:			
Country:			
Number of members:			
Children/Youtl	n: Male:_	Female: Female: Female:	
Adults:	Male:_	Female:	
Total:	<i>Male:</i> _	Female:	
Life orchestra or play-back:			
If life orchestra, how many r	nusicians and which instru	uments:	
I apply for the following term	n (please underline):		
23.05.	2024 to 27.05.2024 (24.05.20	24 to 27.05.2024)	
14.06.2	2024 to 19.06.2024 (14.06.20	24 to 18.06.2024)	
26.08.2	2024 to 31.08.2024 (27.08.20	24 to 31.08.2024)	
31.08.	2024 to 05.09.2024 (01.09.20	24 to 05.09.2024)	
Group's Manager name:			
Mobile phone:			
Email address:			

With sending of this application form I accept all conditions of the festival.

Signature,