

FOLKLORE ASSOCIATION "IGRAOREC"
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APPLICATION FORM

Group's name: _____

Address: _____

City: _____

Country: _____

Number of members:

Children/Youth: _____	Male: _____	Female: _____
Adults: _____	Male: _____	Female: _____
Total: _____	Male: _____	Female: _____

Life orchestra or play-back: _____

If life orchestra, how many musicians and which instruments: _____

I apply for the following term (please underline)

23.06.2024 - 28.06.2024
28.06.2024 - 03.07.2024

Group's Manager name: _____

Mobile phone: _____

Email address: _____

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

Signature,