## **Application Form**

## Minors need a parent or legal guardian to sign this form. They must include copy

## of the parent/legal guardian's ID, in addition to their own.

Applications with unpaid fees deducted by the bank will not be considered.

	<b></b>			
First Name				
Last Name				
Date of birth (day/month/year)				
Address				
City, Zip code, Country				
Cell. phone number				
(with international area code)				
E-mail address				
Category (A, B, or C)				
Program on the video				
(full name of composers and pieces in the order performed, duration, edition used)				
the last three yea	rs—a regular and continuing (occasiona	teacher/student relations l lessons are permitted).	at I do not have—and have not had ir ship with any of the jury members ite the name of your last teacher):	1
			(teacher's full name, and	
institution of affiliati	on, if any)			
Date			Signature	
				_
The present form must be sent on or before May 30th, 2020. Please send it to:				
info@associaz	ionenapolinova.	it - Attach th	e following:	
<ul> <li>wire transfer receipt of</li> </ul>	of your application	ı fee;		
◆the link to your video. You can upload your video on YouTube (as "unlisted" only);				
<ul> <li>Chinese applicants can use YouKu, if they prefer;</li> </ul>				

•copy of your ID (parent or legal guardian's ID, as well, if you are a minor)