



APPLICATION FORM

Group Name:.....

Address:

Telephone:.....Fax :.....

E-Mail:.....

President:

Conductor:

Mobile Phone of the official leader who will escort the group:.....

Total Musicians/Official Leader number:..... Men: Women:.....

Total Companions number:..... Men:..... Women:.....

Bus drivers number:.....

The Group will participate in the event (mark X in the corresponding box):

4 days 3 days 2 days 1 day

N. B. All the information have to be filled-in.



Within the 28th February 2025 please send us:

- Bank receipt attesting the account via fax or mail. (to know the amount look at the label in the invitation letter, bank address is below)
- Brief history of the group and a photograph if not yet submitted



We inform you that the balance should be paid within the 31st May 2025 and the bank receipt sent until 10th June 2025.



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www.filarmonicasestrese.com internationalmusicfestival.eu

Bank Address and relevant details to credit the amount:
CODICE IBAN IT39P0538701421000047079382
Codice BIC/SWIFT: BPMOIT22XXX

