

OFF BEAT

Entry form • CHAMBER GROUPS

št.	Name and surname	Date and place of birth	Instrument
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Contact person _____

Address _____ Postal code, town and country _____

Telephone _____ e-mail address _____

CATEGORY: Category A Category B Category C

PROGRAMME: _____ minutes

_____ minutes

_____ minutes

_____ minutes

I accept the competition rules. Date: _____ Signature (for minors – signature of a parent): _____