



Luthiers Clar

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III INTERNATIONAL COMPETITION LUTHIERS CLAR'S VIOLONCELLOS

REGISTRATION FORM

Last Name: _____ Name: _____

ID Card Number: _____ Date of birth: _____

Address: _____ Post Code: _____

City: _____ Province: _____

Phone: _____ Email: _____

Category: A B C D

Repertoire to perform:

1st Stage: _____

2nd Stage: _____

