

IV INTERNATIONAL CELLO COMPETITION LUTHIERS CLAR

REGISTRATION FORM

Last Name: _____ Name: _____

I.D. Card Number: _____ Date of birth: _____

Address: _____ Post Code: _____ City: _____

Province: _____ Phone: _____ / _____

Country: _____

E-mail: _____

Father/Mother/Legal guardian¹: _____

I.D. Card Number: _____

Category:

- | | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Opal Strings by For-Tune Category |
| <input type="checkbox"/> | Artist cases Category |
| <input type="checkbox"/> | Charm Strings by For-Tune Category |
| <input type="checkbox"/> | Galaxy Bows Category |

Repertoire to perform:

1st Stage: _____

2nd Stage: _____

✓ I hereby authorize LUTHIERS CLAR, S.L.U. to process my personal data.

¹ Mandatory completion in case of minor participants.