

APPLICATION FORM

Topic Competition 2016

NAME AND SURNAME: _____

DATE OF BIRTH (d/m/y): _____

PLACE OF BIRTH AND STATE: _____

ADDRESS: _____

NATIONALITY: _____

NUMBER OF ID CARD/PASSPORT: _____

PHONE NUMBER : _____

EMAIL ADDRESS: _____

CATEGORY OF THE COMPETITON: _____

AUTHOR OF MUSIC, PERFORMER, NAME OF THE SONG AND
DURATION: _____

NOTE IF YOU ENTER THE COMPETITION AS A WINNER FROM APPROVED
COMPETITION, NAME OF THE COMPETITION AND PLACE YOU
WON: _____

I confirm I have read all the rules and regulations about the Topic Championship and that I accept them all. I confirm that my participation in above mentioned championships is on my own responsibility and that in case of eventual damage, loss of my property or any kind of injury I will not press charges against the Organizer of the competition, judges or sponsors. I confirm that I have a valid health insurance during this championship. All of the details in my application form are true and correct. In case some of the details prove to be untrue or incorrect I agree to be disqualified.

Name an Surname: _____

Signature: _____ Date and place: _____