

**Application for participation  
in the 4th International Festival-Competition  
«MUSICAL MAGIC BLOSSOM»**

Surname, first name (team name) of the participant (in full)	
Nomination	
Category	
Number of participants (for teams)	
Date (number, month, year) of birth (for soloists)	
Contact phones, Viber phone	
e-mail	
City, educational institution (class, course for soloists)	
Competition programme	
Duration of performance	
Access to the video recording (link to the video recording of the competition performance on YouTube)	
Surname, name of supervisor / teacher (in full)	
Position and working place of supervisor / teacher	
Contact phones, Viber phone, e-mail	
Surname, name of concertmaster (in full)	

\*All fields of the application are mandatory.

\*Submission of application for participation in the Festival-competition confirms participant's consent in the terms of the Festival-competition, as well as the processing of their personal data taking into account the requirements of the Ukrainian Law «About Protection of Personal Data».

\*Data of participants are transferred to diplomas automatically.