

Musiquem Lleida!

CORAL SHALOM

1 AL 3 D'OCTUBRE DE 2021

REGISTRATION FORM

Name of the group: _____

Category: Vocal Instrumental Vocal-instrumental
 Chamber music Soloist Choir Other: _____

Number of members: _____ Musical director: _____

Members of the group:	NAME	PRESENT EMPLOYMENT
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Contact person with the organizers and signee of this form:

Full name: _____

Postal address: _____ CP: _____

Town: _____ Country: _____

Phone number: _____ e-mail: _____

Webpage and/or social media of the group: _____

Number of performances that the group is willing to do (minimum two): _____

Availability of the group: Friday 1st: afternoon evening Saturday 2nd:
 morning afternoon evening Sunday 3rd: morning afternoon

Date and signature:

When signing this document, the signee declares they know and accept the participation conditions to the festival Musiquem Lleida!

To complete the registration, this document must be sent along with the other requested documents in the festival announcement via email at festivalmusica@coralshalom.cat.