



1st International Music Composition Competition 2025

Application of participation-Declaration of consent

Participant's Full Name	Parent's Full Name*	Participant's Age-Caterogry
Teacher's Full Name	Music School	Composition Title
Email	Adress, City, Country	Phone Number
Short description of the Music Composition (optional)		

I declare that the above information is true, I fully accept the Competition's Regulations and the results of the Committee. I hereby consent to the processing of the personal data included in the application for the purposes of the 1st International Music Composition Competition.

Date: / / 202

Participant's (or Parent's*) Name and signature

*If the participant is under 18 years old.