

18th international Karl Adler Youth Music Contest 2024 in Stuttgart

Surname: _____ First Name: _____

Street: _____ Zip code/city: _____

Phone/Mobile: _____ E-Mail: _____

Date of birth: ____ . ____ . ____ . Instrument: _____ Age group: _____

Name and first name of the piano accompany: _____

Name and first name of the teacher (if desired): _____

Bank account (holder): _____ IBAN: _____

Program (please in block letters):

First name / surname, year of birth + year of death, title, duration

1. _____

2. _____

3. _____

4. _____

I ensure that all the information stated in the application form are complete and correct. With my signature I agree that my performance during the festival and the award winners concert can be published in the media (sound, picture and film).

Date Signature of the applicant

**Info: Frau Moroz, 0049 (0)711 2283634, moroz@irgw.de or
Frau Volkova-Mendzelevskaya (1. Chairperson)
0049 (0)17631243424; margarita_mendzelevskaja@gmx.de**