**III INTERNATIONAL ACCORDION COMPETITION**

**„FLAMING ACCORDIONS 2019“,**

**for the 16th February, Lithuanian Independence Day**

**APPLICATION**

(to be completed in capital letters)

**Country, city, district, educational institution**...................................................................................

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**Address of educational institution, phone no., email** ....................................................................... ................................................................................................................................................................

**Name of the applicant** .........................................................................................................................

**Year of birth (year, month, day)** ........................................................................................................

**Age category of the participant** ..........................................................................................................

**Name of the teacher of participant** ....................................................................................................

**Qualification category, phone, email** ................................................................................................ ...............................................................................................................................................................

|  |  |  |
| --- | --- | --- |
| **No.** | **Program** | **Duration of Program** |
|  |  |  |
|  |  |

Would you like to get the certificates of qualification? Yes No

(underline)

Application date of completion Signature of head of the institution