17th VERIA INTERNATIONAL GUITAR FESTIVAL

December 12- 15, 2024

PASSIVE PARTICIPANT REGISTRATION FORM

| Surname: |
|--|
| Forename: |
| Father's forename: |
| Date of birth: |
| Address: |
| Town/city: Country: |
| tel: mobile: |
| e-mail: |
| Tutor's full name: |
| Scho <mark>ol/Aca</mark> demy currently enrolled: |
| Level/Grade of studies: |
| |
| I wish to participate in the 17th Veria International Guitar Festival |
| passively. |
| |
| Registration fee: |
| I herewith include proof of payment of 20€ or official certificate of teacher or professor at music educational institution, according to my choice: |
| Passive participant: 20€ |
| Teacher participating as passive participant: Gratis |
| |
| |
| I have thoroughly read, understood and fully accept the regulations and registration rules of the 17th International Veria Guitar Festival. |
| Signature |
| Parent's or Guardian's full name* |
| |
| Parent's or Guardian's ID number* |
| *Only for minors. |

My signature stands as final proof that I allow the above participant who is legally under my guardianship to participate in the 17th Veria International Guitar Festival as declared.