

FOLKLORE ASSOCIATION "IGRAOREC"
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web: www.igraorec.mk



APPLICATION FORM

Group's name: _____

Address: _____

City: _____

Country: _____

Number of members:

Children/Youth: _____ **Male:** _____ **Female:** _____

Adults: _____ **Male:** _____ **Female:** _____

Total: _____ **Male:** _____ **Female:** _____

Life orchestra or play-back: _____

If life orchestra, how many musicians and which instruments: _____

I apply for the following term (please underline):

23.05.2024 to 27.05.2024 (24.05.2024 to 27.05.2024)

14.06.2024 to 19.06.2024 (14.06.2024 to 18.06.2024)

26.08.2024 to 31.08.2024 (27.08.2024 to 31.08.2024)

31.08.2024 to 05.09.2024 (01.09.2024 to 05.09.2024)

Group's Manager name: _____

Mobile phone: _____

Email address: _____

With sending of this application form I accept all conditions of the festival.

Signature,