

LIST OF PARTICIPANTS

11th ISOLA DEL SOLE – International Choir Festival



Choir / Ensemble:

Ref.-number of your choir/ensemble: **127-**

Contact person of the group

First name:

Last name:

Address:

Zip code:

City:

Country:

Phone:

Fax:

E-mail:

Mobile:

Embassy where you apply for your visas

Name of embassy:

Address:

Zip code:

City:

Country:

Phone:

Fax:

E-mail:

Total of persons:

Participants (incl. accompanying persons):

Reserve (max. 5 persons):

+

Total:

=

Signature contact person

LIST OF PARTICIPANTS



Ref.-number of your choir/ensemble: **127-**

List of RESERVE (Please fill out ONLY if needed!):

	First name	Last name	Gender (M/F)	Date of birth DD-MM-YYYY	City of birth	Passport number	Issued in (city)	City of residence	Nationality
R01									
R02									
R03									
R04									
R05									

List of PARTICIPANTS (incl. accompanying persons):

	First name	Last name	Gender (M/F)	Date of birth DD-MM-YYYY	City of birth	Passport number	Issued in (city)	City of residence	Nationality
001									
002									
003									
004									
005									
006									
007									
008									
009									
010									

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011									
012									
013									
014									
015									
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027									
028									
029									
030									

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031									
032									
033									
034									
035									
036									
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048									
049									
050									

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051									
052									
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054									
055									
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068									
069									
070									

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071									
072									
073									
074									
075									
076									
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089									
090									

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091									
092									
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094									
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110									

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111									
112									
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