**Appendix No. 1** to the Regulations of the International Folklore Festival
FACES OF TRADITION Zielona Góra 2024

**APPLICATION CARD No. 2**

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| **ENSEMBLE INFORMATION** |
| ENSEMBLE NAME |  |
| COUNTRY |  |
| STREET NAME AND NUMBER(S) |  |
| NAME OF TOWN, CITY, PLACE |  |
| POSTAL CODE |  |
| TELEPHONE NUMBER |  |
| E-MAIL |  |
| LANGUAGES used by ensemble during the festival |  |
| MEAN OF TRANSPORT plane, organizer's bus (airport - Festival venue), own bus |  |
| Day and time of arrival in Zielona Góra |  |
| AIRPORT & FLIGHT NUMBER |  |
| LIST OF MUSICAL INSTRUMENTS  | ----- |
| Short description of MUSICAL INSTRUMENTS (typical for the country) |  |
| NAME AND SURNAME of the **SOLOIST** of the International Singing Competition "Singers in Zielona Góra" |  |
| TITTLE of the **SONG** to theInternational Singing Competition "Singers in Zielona Góra" |  |
| Short description of the SONG |  |
| NAME AND SURNAME OF THE **MUSICIAN/MUSICIANS/ NAME OF THE BAND** to International Music Competition "Musicians in Zielona Góra" |  |
| TITTLE of the **PIECE** to International Music Competition "Musicians in Zielona Góra" |  |
| **TECHNICAL REQUIREMENTS** of the ensemble and band - rider (rider can also be sent as an attachment) |  |
| Notes on **FOOD** (food exclusions, e.g. religious, health: allergies, intolerances, others, etc.) |  |

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| **INFORMATION ABOUT PARTICIPANTS FROM THE ENSEMBLE**(complete only in case of change of data in application form no. 1) |
| **PARTICIPANTS FROM THE ENSEMBLE** | **TOTAL NUMBER** | **WOMEN** | **MEN** |
| PARTICIPANTS FROM THE ENSEMBLE – **TOTAL** (dancers, managers, musicians/singers, interpreter, tutors, drivers, others) |  |  |  |
| **INCLUDING** |  |
| DANCERS |  |  |  |
| MUSCIANS/SINGERS |  |  |  |
| MANAGERS |  |  |  |
| DRIVERS |  |  |  |
| OTHER |  |  |  |

| **THE MANAGEMENT** (complete only in case of change of data in application form no. 1) |
| --- |
| NAME AND SURNAME OF THE DIRECTOR/ MANAGER |  |
| TELEPHONE NUMBER |  |
| E-MAIL  |  |

| **PERSON TO CONTACT WITH THE ORGANIZER** (complete only in case of change of data in application form no. 1) |
| --- |
| NAME AND SURNAME |  |
| TELEPHONE NUMBER |  |
| E-MAIL  |  |

Completing and submitting **Application Form No. 2** is tantamount to accepting the content of the Regulations of the International Folklore Festival FACES OF TRADITION Zielona Góra 2024 and consenting to the processing of the band's personal and visual data for the purposes of organizing, promoting the Festival and for the activities of the Regional Center for Cultural Animation in Zielona Góra.

…………………………………………………………………….

Date and signature of the director/manager or patron institution

🡻 Don’t forget the participants’’ list

**LIST OF PARTICIPANTS (for accommodation purposes)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | SURNAME(for example: Smith) | NAME(for example: John, Mary) | GENDER(woman - K, man - M) | FUNCTION(manager, musician, singer, dancer, driver, etc.) | BIRTH DATE(DD/MM/YYYYe.g. 05.04.2001) |
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