

Participant's Application for the Acoustic Concert

Band name	
Leader (contact person)	
Telephone	
E-mail address	
A short band resume and the represented music genre	
Participants, musical instruments used and the specification for sound provision	

The form was completed
by: _____

(Name, surname, telephone)

Please complete and send the application in electronic form to andris.zunde@salacgriva.lv or by post to the address: Liepupes tautas nams, Mezgravas, Liepupes pag., Salacgrivas nov. LV-4023