

CABECEIRAS DE BASTO

II BIENNIAL INTERNACIONAL

of Transverse Flute

Internacional Biennial of Transverse Flute



10 A 12 DE JULHO DE 2025

MOSTEIRO DE S. MIGUEL DE REFOJOS
Concertos | Exposições | Masterclasses

PERSONAL INFORMATIONS

NAME: _____

BIRTHDAY DATE: ____ ____ ____

CITIZEN CARD: _____

TAXPAYER IDENTIFICATION NUMBER (TIN): _____

ADDRESS: _____

POSTAL CODE: _____

LOCALITY: _____

PHONE: _____

EMAIL: _____

PERSONAL INFORMATIONS

• MAIN INSTRUMENT: TRANSVERSE FLUTE

• LEVEL OF TRAINING/ MOTIVATION:

• EDUCATION INSTITUTION OR MUSICAL INSTITUTION (IF APPLICABLE):

• CURRENT TEACHER (IF APPLICABLE):



CÂMARA MUNICIPAL DE
CABECEIRAS DE BASTO



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de Flauta Transversal

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OTHERS INFORMATIONS/ OBSERVATIONS

DOCUMENTS TO BE ATTACHED

- CITIZEN CARD COPY OR PASSPORT:
- SUMMARIZED MUSICAL CURRICULUM:

**I DECLARE THAT I HAVE READ AND ACEPT THE TERMS AND
CONDITIONS OF PARTICIPATION IN 2ND TRANSVERSE FLUTE
BIENNIAL**

CANDIDATE'S SIGNATURE

DATE: ____

ONCE THE REGISTRATION FORM HAS BEEN DULY COMPLETED, IT MUST BE SENT
TO THE EMAIL: BIENALFLAUTA@GMAIL.COM



CÂMARA MUNICIPAL DE
CABECEIRAS DE BASTO

