

18. EURO-MUSIKTAGE Heikendorf
10. – 12. August 2018
Registration form

To:

Show-Brassband Heikendorf
Inken Schubert
Hoofiesen 15
24226 Heikendorf
Germany

Contact:

Name: _____

Street: _____

Place: _____

Phone: _____

E-Mail: _____

Name of the band: _____

We don't participate :

We'd like to participate: Friday Saturday Sunday

Arrival /Departure: _____.08.2018, Time approx. _____ / _____.08.2018, Time approx. _____

by: Bus Car other: _____

We expect to participate with approx. ____ active members and approx. ____ accompanying persons

Accommodation is needed for approx. ____ female persons and approx. ____ male persons.

We will perform in the classes (see classification list and regulations, not more than 3 classes):

1. _____ 2. _____ 3. _____

In addition, we will participate in the audience rating on the Euro-Musikparade:

yes no

Date / Signature
