

Avignon's 33 th European Jazz Contest 2025

Application Form

Band's Name

Format (trio) Person in Charge

Adress

Postal Code City Contry

Phone cellular Phone 1

E-Mail 1 E-Mail 2

Names of musicians: (specify the instrument(s) played by each of the musicians* and attach a letter of introduction and CV of the musicians *(The composition of the group on stage will be the same as on this sheet)

Musician Name

Instrument

Do you agree with the rules and regulation ?

Yes ☐ No ☐

(Compulsory for applying)

Is one of the musicians registered for the competition with an other band

Yes ☐ No ☐

If yes, Name Band

Has one of the musicians participated in this competition

Yes ☐ No ☐

Si oui: Nom Groupe

How have you head about Avignon Jazz Contest?

At Date /2025

Signature :

Application form to be returned by march15, 2025 at the mail adress below
 concourstremlinjazzavignon@gmail.com using www.wetransfert.com

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