

Creative application
XIII International Art Festival "Constellations in Nessebar"
Nessebar 2025

1. Group/ soloist:.....
town/village/:.....**country:**.....

2. Name and surname of the leader whose name is filled in into the diploma for participation:
.....
telephone....., e-mail.....

3. The names of the director of the institution whose base is used by the group (cultural home, community center, etc.), telephone and address.....
.....

4. Program of the contest

Section:.....

Category:.....

Age group:.....

1. Name of Performance/Song, Dance, etc.....
Music..... Text, choreography.....
Duration..... Number of participants.....

2. Name of Performance/Song, Dance, etc.....
Music..... Text, choreography.....
Duration..... Number of participants.....

5. List of participants and adults (leaders, educators and other accompanying participants), date of birth.

No	Name, father's name, surname	Date of birth
1.
2.
3.

6. Required technique - number of microphones, carriers

7. The group shall spend the night at a hotel.....date of arrival
.....date of departure.....

8. The group is serviced by a travel agency.....

The application should be sent in Word format. It should not be scanned or in PDF format.

Address: 8230 Nessebar, complex "Mladost" 62
Municipal Children Complex
tel./ fax: +359 554 45952
e-mail: festivali@nesebar.bg, odk@abv.bg

For information on <https://odknesebar.com/>

Date:.....

The application has been submitted by:.....