# The 6th Osaka International Whistling Music Competition

## Application Form

| | Last Name First Name | ★Sex |
|---|---|---|
| ★Name | | M ・ F |

| | |
|---|---|
| ★Date of Bitth year month day( age) | ★Nationality |

★Address (Home) ( )

TEL: FAX: Cell phone:

E-mail(PC):

★Occupation

| | |
|---|---|
| ★Entry song for the first round | ★Sound resource<br>CD ・ MD ・ Cassette |

★Please tell us what is whistling for you?

★Question

【Note】

・When applicants complete this form, please type or use a fountain pen or a ballpoint pen.

The Information we get will be used for only this competition.