



Fúvószenekarok és Együttesek  
Magyarországi és Közép-Kelet-Európai Szövetsége  
WASBE-Tagszervezet  
Hungarian and Eastern Central European Association  
of Bands and Ensembles  
WASBE Affiliate  
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## APPLICATION FOR BAND QUALIFICATIONS

Name of the band:

Name of the Conductor:

Qualification category:  
(Please circle the appropriate letter)

A      B      C      D      E

Time of qualification:  
(Time required by the band.)

Location of qualification:  
(Location required by the band.)

Repertoire of the qualification concert:

1.

2.

3.

4.

5.

Date:.....

Stamp

.....

signature