Application Form to Host A World Symposium on Choral Music



To be returned to office@ifcm.net

Organization		
Address		
City, Zip code, State Country		
Email Website		
Employer Identification number		
Contact person		
Social Media		
Facebook		
Twitter		
Youtube		
Size of your organization		
□ local or small □ regional or national □ international		
Let us know more about your organization		
Briefly describe your organization, date of creation, legal status:		
How is your organization funded:		
Is your organization an IFCM member? No □ Yes □		
In the second section and another of another medianal about a section 2 No. 7		
Is your organization a member of another national choral association? No Yes		
If yes, which one?		
In the same and a single of the injecturation of		
Is your organization's administration: Professional		
Amateur		
An Educational Institution		
Volunteer		
□ None of the above (please describe)		
Does your organization have Membership? Which satesony of membership do you have?		
Does your organization have Membership? Which category of membership do you have?		
Organization. How many:		

	Choir. How many:
	Individual. How many:
	Others. Name them:
	your main events in the recent years (up to 5) and how it served the choral community
Gove	erning body and management
Presi	dent
Men	bers of the Board of Directors
	Members
	many full-time:
	many part-time:
	• •
поw	many volunteers:
Buda Pleas	ting a World Symposium on Choral Music (documents to be submitted separately) get (which must balance) se provide a comprehensive estimated budget, clearly notating all costs and levels of support all contributors as described in the point 3 and 4 of the Guidelines.
	se provide a list of the major governmental and national partners who will be working with on the WSCM 2026. Please outline their roles and levels of their support.
	se provide details of the artistic venues (performance, rehearsal and workshop venues) that be available for the WSCM 2026.
	se provide details of the supporting infrastructures that will be available to the WSCM secondation, food and beverage, and social venues that will be available.
docu	lk you for filling this form. Please sign it and send it back to us together with the requested ments. This application will be reviewed by the IFCM Board who will then approve or not if your osal qualify for the second round of selection.
Date	and place