澳門特別行政區政府文化局
INSTITUTO CULTURAL do Governo da R.A.E. de Macau

Received by: _____
Date : _____ / 04 / 2016

34th Macao Young Musicians Competition

Name List of Group Registration (Form C)

Name of Institution	Name of Representative	Number of Registration Form
Contact Number	**Total Fee (MOP)**	**Signature of Representative**
_____ + _____		

Number of Receipts received by Representative	Confirmed and Signed by Representative	Date
		/ 04 / 2016

No.	First Name	Family Name	Level	Category	Fee (MOP)

Pg._____of _____

This form can be photocopied or downloaded from the Cultural Affairs Bureau's website: www.icm.gov.mo/cjmm