

TO BE SENT TO:
TALENT MUSIC SUMMER COURSES & FESTIVALS
E-mail: info@talentsummercourses.it

in block letters

Enrollment application for the Course of _____

Instructor's First Name and Surname _____

Student: Active / Auditor Student _____

Surname First name

Place and date of birth Nationality

Street (full address) CAP / Post-code City

Tel. Fax E-mail

Italian Fiscal Code Italian Social Security Registration Number

I enclose photocopies of my identity card and of my certificates _____

Please specify here number of money order or details of bank transfer and date of payment.

Specify the pieces to be studied during the Course

Specify if I need a piano accompanist during the Course

The undersigned, by signing this form, consents to the handling of his/her personal data according to and in conformity with Art. 13 of the Legislative Decree n° 196 of June 30, 2003 as indicated on the form itself. The undersigned may, however, exercise his/her rights by writing to the Director in charge of personal data.

date

signature