

TO BE SENT TO:  
**TALENT MUSIC SUMMER COURSES & FESTIVALS 2018**  
E-mail: [info@talentsummercourses.it](mailto: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. The undersigned by signing this form agrees with the General Condition of Talent Music Summer Courses&Festival as written on the website <http://www.talentsummercourses.it/rules-and-regulation>

\_\_\_\_\_  
date

\_\_\_\_\_  
signature