

TO BE SENT TO:
TALENT MUSIC SUMMER COURSES & FESTIVALS 2019
E-mail: info@talentsummercourses.it

in block letters

Email address of the applicant

Enrollment application for the Course of Prof. _____

Applicant informations:

Surname First name

Place and date of birth Nationality

Street (full address) CAP / Post-code City

Tel. Fax E-mail

Id Card Number with expire date (if from Eu Country) or Passport Number with expire date (if not from EU Country)

Do you want to apply as Active to Passive Student

Do you want to apply as Soloist or Chamber Music (only for ensemble already formed)

Write the transfer date of the registration fee for Talent Music Summer Courses&Festival of 100 Euro

Specify the pieces to be studied during the Course

Specify if I need a piano accompanist during the Course, YES or NO

If you need a piano accompanist during the Course, please write the exact repertoire you would like to perform in public recital with the piano accompanist of about 10 minutes. In case you don't need, just write below NO

Specify if you want to participate at the audition for Talent Music Summer Soloist&Orchestra YES or NO

In case you want to participate at the audition for Talent Music Summer Soloist&Orchestra, write the chosen concerto. In case you will not participate, simply write NO

Write below the transfer date of the registration fee for Talent Music Summer Soloist&Orchestra of 30 Euro. In case you will not participate, simply write NO

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-application-form>

date

signature