

Strings and Conducting Masterclass

Application Form

Surname _____ Name _____

Place of birth _____ Date of birth _____

Address _____ City _____

Postal Code _____ Province _____

Country _____

CONTACT DETAILS

Tel./Phone _____

E-mail _____

Data of enrollment _____

I would like to register as: (tick the box relating to the selected item):

STRINGS MASTERCLASS Student Auditor

MAESTRO/TEACHER _____

CONDUCTING Student Auditor

Selected Program: _____

Signature for acceptance of the regulation and the rules written below

Signature of a parent for minors under 18 _____

Note: Registration is considered valid upon payment of the registration fee.

La Scuola di Musica Il Trillo decline all responsibility deriving from damages of any nature that may occur to minors and adults during the times and in the venues for the auditions, rehearsals and eventual concerts of the winners. By signing the application form, candidates (or parents in the case of underage competitors) acknowledge and approve the above, and authorize the Association to use their personal data in the context of its institutional activities pursuant to the current regulations.

ALL APPLICATIONS must be sent via email to info@il-trillo.com: