



Accademia Musicale Romana

5° ACCADEMIA FESTIVAL 2015

APPLICATION FORM MASTERCLASS

The application must be completed in ALL parts for the Course of Chamber Music must fill out a card for each component. **DEADLINE 25 JUNE 2015**

NAME AND SURNAME _____

PLACE OF BIRTH _____

DATE OF BIRTH _____ NATIONALITY _____ SEX M F

RESIDING IN _____ N. _____

CITY _____ PROV. _____ C.A.P. _____

STATE _____ TEL. _____ CELL. _____

E-MAIL _____

COURSE PROF _____ Instrument _____

SOLOIST CHAMBER MUSIC (Duo) (Trio) (Quartet)

Attached are the following documents:

- Photocopy of identity card or passport (for children under 18 a picture and declaration of truth signed by a parent).
- Curriculum vitae
- A copy of the registration fee € 50,00 paid by bank transfer on bank account held at Accademia Musicale Romana c/o Credito Valtellinese – Agency 2 Roma
Viale Sirtori, 76 – 00149 – ROMA

Reason: Contribution Masterclass Saracinesco 2015

CODE IBAN: IT 78 I 05216 03202 0000 0000 1161 - BIC (SWIFT): BPCVIT2S

Date _____

I hereby authorize the processing of personal data in accordance with local regulations concerning the protection of privacy by the Accademia Musicale Romana.

I declare that I fully accepted the Regulations of the Courses.

Signature of competitor _____

Signature of a parent for minors _____