



Accademia Musicale Romana

8° ACCADEMIA FESTIVAL 2018

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.

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 € 60,00 paid by bank transfer on bank account:

Accademia Musicale Romana

FINECO BANK – Reason: Contribution Masterclass Saracinesco

IBAN: IT41V0301503200000003594894

BIC: FEBIITM1 (UE Countries)

BIC (SWIFT): UNCRITMM (Extra UE Countries)

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 the student _____

Signature of a parent for minors _____