

# Campanella Music Academy

## Registration Form for Summer Courses



**Student:** .....  
 Last Name First Name

.....  
 Date of Birth Kindergarten/ School (Grade)/ Occupation

.....  
 Address City/ State/ Zip

.....  
 Contact Number (private) Mobile Number

.....  
 Business Number E-mail

**Parent/Guardian:** Name and Title.....

Address and contact number (If not the same as of written above)  
 .....

**Musical Subject**.....

Tutor Request..... Location.....

**I announce myself as a participant for the following course:** (A REGISTRATION FORM MUST BE SUBMITTED FOR EVERY COURSE; PLEASE MARK WHERE APPLICABLE)

- |   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> Master courses       | <input type="checkbox"/> chamber music & choir | <input type="checkbox"/> sound engineering | <input type="checkbox"/> Passive course | <input type="checkbox"/> dance           |
| <input type="checkbox"/> From 15.7.-19.7.2019 | <input type="checkbox"/> 22.7.-26.7.2019       | <input type="checkbox"/> 29.7.-2.8.2019    | <input type="checkbox"/> 5.8.-9.8.2019  | <input type="checkbox"/> 12.8.-16.8.2019 |
| <input type="checkbox"/> 19.8.-23.8.2019      | <input type="checkbox"/> 26.8.-30.8.2019       | <input type="checkbox"/> 2.9.-6.9.2019     | <input type="checkbox"/> 9.9.-13.9.2019 | <input type="checkbox"/> 16.9.-20.9.2019 |

Musical Knowledge:.....

Instrument:..... My vocal type is (only for singers).....

Personal Remark/Repertoires.....

I have received and read the music school's rules and regulations and legally bind myself to the guidelines of the behavior which are applicable in case of acceptance. At the time, this registration applies as a reservation form.

Date/Signature.....Date/Signature .....  
 (Music Headmaster) (Student/Parent)

ACCOUNT: CreArte Musik Freunde IBAN: AT40 2011 1837 6220 0700 BIC: GIBAATWWXXX Institut: ERSTE BANK