



3rd Internationale Musikakademie Ludwigslust 2024

Registration form

NAME : _____ GENDER: _____ AGE: _____

BIRTHDAY: _____ NATIONALITY: _____

ID OR PASSPORT NUMBER: _____

TELEPHONE: _____ E - MAIL: _____

COACH NAME: _____

ADDRESS: _____

HEIGHT: _____ WEIGHT: _____

*Height and weight information is collected in order to customize uniform shirts for participants. It will not be used for any other purpose.

REPERTOIRE

Vilolin () Cello () Double bass ()

Solo () / Duet ()

Classical () / Jazz ()

Applicant' s signature: _____ Date (yyyy-mm-dd): _____

Note: The parent or guardian shall sign on behalf of a minor under 18 years of age.