

Application form



XX INTERNATIONAL MUSIC COURSE IN GLUCHOLAZY

Surname:

Names:

Date and place of birth:

Adress:

Telefon/fax:

E – mail:

School/College/University:

Instrument:

The Course Lecturer:

Repertoire/programme:

Sex*: Male Female

Vegetarian diet*: YES NO * - mark please

**Hereby I apply for the participation in XIX International Music Course
in Glucholazy
11 - 21 August 2009
(Fabio Bidni's students – 12-19 August 2009)**

Notice: In case of minor candidates written parents' permission is required.

Place:

Date:

Candidate's signature: