

STRINGS ONLY!

ZADAR CROATIA

APPLICATION FORM

Please send your completed Application Form to the following address: ACCORD ADRIATIC, (za STRINGS ONLY!), Dinka Trinajstića 13, 52100 Pula.

Instrument:

First Name:

Last Name:

Sex:

M

F

Date and Place of Birth:

Address:

Telephone:

Fax:

E-mail:

Name of Parent or Guardian:

Bank and Account Number for the Refund of the Application Deposit:

Musical Education:

Competitions and Awards:

I am preparing the following repertoire for the Master Courses:

I hereby consent for my practicing, lessons and other activities during the STRINGS ONLY! — Zadar 2004 Festival to be filmed, recorded and distributed as promotional material. Enclosed is a receipt for the payment of the deposit fee of 255 EUR. I hereby declare that I am acquainted with the conditions for participation and accept them in their entirety.

Signature of Parent or Guardian:
(For Participants under 18 Years of Age)

Signature of Participant: