

Application Form

I WANT TO PARTICIPATE THE XXIII. SUMMER MUSIC ACADEMY WOHLSDORF-OHLSTEDT IN HAMBURG
AUGUST 20TH –29TH 2010

PERSONAL QUESTIONS

Gender: Male / Female

First Name: _____ Activer Auditor

Last Name: _____ Age: _____

Adress: _____ City: _____

Country: _____ Nationality: _____

Telephone: _____ Mobile: _____

Mail: _____ Fax: _____

I intend to travel by (e.g. car, plain, ship, train): _____

INSTRUMENT / TEACHER

WORKS I WANT TO STUDY

DATE AND SIGNATURE

Date, Signature: _____

By my signature I confirm that I have applied for the "summer academy of music Wohldorf-Ohlstedt" and that I understood and accept the actual terms of payment.

Comment: