

Application Form

I WANT TO PARTICIPATE THE XXIV. SUMMER MUSIC ACADEMY WOHLSDORF-OHLSTEDT IN HAMBURG
AUGUST 12th –21st 2011

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: