

Masterclass Summer 2024: August 16 – 23, 2024

Family name	
First name	
Gender	
Date of birth	
Nationality	
Postal address	
Email address	
Mobile phone number	
Vegetarian / Non vegetarian	
Musical background	
Remarks	

By signing this form, I agree with

1. sharing my email address with the other participants of the masterclass
2. publication of pictures and videos made during the masterclass on behalf of promotion of the masterclasses

Date:

Signature:

All personal data on this form will be used for this masterclass only and will not be shared with other persons or organisations.