

Master classes 2025 - application form

(to be completed, signed and sent by email to info@studimusicalivealtiberina.it)

Master class of	<input type="text"/>			
Professor(s)	<input type="text"/>			
Period	from	<input type="text"/>	to	<input type="text"/>
(check the box)	<input type="checkbox"/> Active student			
	<input type="checkbox"/> Auditor			
	<input type="checkbox"/> Solist			
	<input type="checkbox"/> Duo/Ensemble			
Name/Surname	<input type="text"/>			
Home address	<input type="text"/>	City/ Country	<input type="text"/>	
Phone	<input type="text"/>			
e-mail	<input type="text"/>			
Fiscal code	<input type="text"/>			

Attach payment receipt of the bank transfer for the amount specified in the course sheet, according to the terms and methods indicated, payable to:

Centro Studi Musicali della Valtiberina
Banca di Anghiari e Stia Credito Cooperativo
Sansepolcro agency
IBAN: IT43Y0834571610000000013162
(indicate the course and period as reason)

In case of cancellation of the course, the Association will fully refund the paid amount

Students will not be admitted to attend lessons without paying the entire fee for the course.

Date

Signature _____
(signature of a parent in the case of a minor)