

Application Form

4th International Chamber Orchestra Akademie Philippsburg

25th July - 4th August 2024

Name

First name(s)

Date of birth

Address

Zip Code

City

Country

Email-address

Mobil-Number

I am playing the following instrument:

I have read terms and conditions and agree with them; I agree that the final concerts will be recorded and that video/audio/or Photo material might be taken within the framework of the academy that may be used for future making purposes.

Date and signature

Only for non-adult participants, parental content:

Date and signature