

APPLICATION FORM

Student's Name:

Date of Birth:

Student's Address:

Name of Parents:

.....

Email:

Mobile:

Instrument(s):

Teacher(s):

Number of individual lessons per week (1/2/3) for (45/60/90) min

Payment option (please underline): once / twice per semester (+2%) / monthly (+4%) / Abo

I would like to become an associate member of the association: (yes/no)

By signing this application form I agree to the General Terms and Conditions.

Date:

Place:

Signature: