

Registration

6th Int. Orchestra-Camp, August 2 – 13, 2010

® **arte**^e **son**^o visions in concert

Name _____

Surname _____

Address _____

City/Postal Code _____

Tel _____

Mobile student _____

Sex _____

Date of birth _____

Parents' names _____

E-mail parents _____

Medical conditions/Allergies _____

Mobile parents _____

Emergency contact name _____

Emergency contact tel. _____

Instrument _____

nutrition, vegetarian, allergy _____

Years of Study _____

Teacher _____

Participation chamber music, yes/no _____

Playing level _____

How did you learn about this Orchestra-camp?

I'm swimmer yes no

Friends, internet, school _____

! Note: Registration is only valid if sent with the recording and cv.

Send by mail or fax to

artersono visions in concert, Gottfried Keller-Strasse 73

CH - 8400 Winterthur

Fon +41 52 213 35 79, Fax +41 52 213 35 69 info@artersono.ch

Legal signature _____

Date _____