

PRAGUE MUSIC PERFORMANCE

Application form

Personal Information:

Name _____ [] Female [] Male

Age ____ Date of Birth ___/___/___ Passport Number _____

Instrument (name of ensemble) _____

Participant [] Active [] Observer

Home Address _____

Home Telephone _____ Fax _____

Cell Phone _____ E-mail _____

Program [] Individual Instrumental [] Chamber Music [] Individual & Chamber Music

Room [] Single [] Double room [] Triple room

Roommate preference (if any) _____

Any health-related condition about which we should be aware

Musical Background (Additional biographical information on a separate sheet):

Length of study ____ years ____ months ____

Present Private Teacher's name _____

His/Her Telephone number _____

His/Her Address _____

His/Her E-mail _____

Music school now attending _____

Repertoire you will/would like to study at the Festival

Emergency Information:

Name of Physician _____ Telephone Number _____

In case of emergency notify:

1. Name _____ Relationship _____
Telephone number _____ Cellphone number _____

2. Name _____ Relationship _____
Telephone number _____ Cellphone number _____

I hereby give my consent to PMPIF to use photograph(s) and sound & video recording(s) of myself/my child participating in the PMPIF. I understand that the photograph(s) and sound video recording(s) shall be used solely for documentation, publicity and fundraising purposes for PMPIF.

Signature of applicant (if 18 or older) or parent/guardian (if applicant is under 18)

How did you hear about us?

Teacher Another Musician/Friends Poster Website Other

I understand that the information in this application is true to the best of my knowledge and that the tape submitted is my own, unedited performance.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(If student is younger than 18 years old)