



PIANO MASTER – TEACHER CARLO GRANTE

2016 NOVEMBER 4,5,6

APPLICATION FORM

First and Last Name.....

Address:

Email.....

Phone.; Mobile:

I ask to be admitted as a member and active student in the Master Class object contributing to the event through the payment of the following fees:

-Registration - € 50.00

-Participation at the master classes (3 lessons and the final concert). - € 250.00

Date ____/____/____

Signature

NOTES

- To confirm adherence to the master class in question, it needs to pay an advance fee of € 100.00 via PayPal (info.amroc@gmail.com) stating your name and the master you want to follow.
- The outstanding balance could be payed before to start the lessons.
- Send the signed form and proof of payment to the email address info.amroc@gmail.com

Associazione Accademia di Alto Perfezionamento Musicale “Roma Castelli”
Via Vittorio Veneto n. 3 – 00045 Genzano di Roma – Cod. Fisc. 90079710589

www.accademiamusicaleromacastelli.eu - e mail: info.amroc@gmail.com - tel. 3338691282 - fax. 0689687324