

**REGISTRATION FORM
VIOLIN MASTER CLASSES
Agora Portals International Music Course**

CONTACT

Name: Surname:
Age: ID nº:
Address:
CP: City: Country:
Phone: Mobile Phone:
E-mail:

MINORS ONLY

Name of father / mother / guardian:
Phone father / mother / guardian:
Allergies and diseases: Medicines taken:
Contraindications to medicines: Tetanus shot:
Special dietary requirements: Special Educational Needs:

ACADEMIC

Violin level:
Center or centers where you receive music education and teacher:

Violin Master Classes YURI VOLGUIN

Course: 565 €

Works to study during the course:

Chamber Music

YES: 120€

NO

Works to study during the course:

Musical Analysis

YES: 60€

NO

Works to study during the course:

Lunch

YES

NO

Date and signature:

Mr. / Mrsas father/mother/legal guardian of the student..... authorize my son / daughter to participate in the activities of the AGORA PORTALS INTERNATIONAL MUSIC COURSE. I also authorize the management to take pictures of my son / daughter on the course for exclusive use concerning this activity, being able to appear on our website and on posters and brochures of this course in any edition. Furthermore, I authorize the entity that manages the activity to take surgical medical decisions in case of extreme urgency, under the relevant site management.