



Kulturno umetniško društvo Ars Haliaeti / Associazione culturale artistica Ars Haliaeti

Masterclasses Haliaeti 2015 Application form

Name and Surname _____

Date of birth _____

Address _____

Telephone number _____

E-mail address _____

Professor choice _____

SOLOIST

ENSEMBLE

Repertoire _____

Chamber music option

Chamber music work(s) you would like to work on:

If you are coming to our courses with a friend, write down his or her name and instrument (optional)

_____ , _____

_____ , _____

_____ , _____

_____ , _____

Please send this form, accompanied by a copy of the tuition fee receipt, to our email address (PDF preferred) or via regular post. Please use the following bank credentials for the transfer:

Account holder: KUD Ars Haliaeti

Iban: SI56 10100 0049318578, Swift: BAKOSI2X

Address: Pobočna 5, 6310 Izola, Slovenia (Europe)

Email: info@ars-haliaeti.si

(please contact us should you need assistance or a Pro Forma Invoice)

Date and signature (parents for underage participants) _____

By signing this form you acknowledge the Terms and conditions of the Masterclasses Haliaeti 2015 summer courses, which can be found on our website: www.en.ars-haliaeti.si.