



Conservatorio Statale
L. Cherubini - Firenze

APPLICATION FORM

to be sent together with documents requested and the certificate of payment to:
Fleming Youth S.p.A. – Via del Giglio n. 10 – 50123 Firenze
by the 1st December 2003 and no later

I undersigned

date and place (specify the country of origin) of birth

resident in

Zip Code. City Country

Tel. Fax e-mail.....

title of study or name of the Music Institution on provenance:

.....

kind of voice:

Soprano

Mezzo-soprano

Alt

Counter-tenor

ask to participate to the *II Edition of International Vocal Masterclass* that will be held in Florence, in the premises of "L. Cherubini" State Conservatory of Music from 5th – 11th January 2004 as a Student (cross the box):

REGULAR

AUDITOR

Programme of an audition (Regular Students):

1.

2.

Programme of the Masterclass:

.....

.....

Herewith I enclose:

- the certificate of the paying-in of the "Enrolment fee" (not repayable) in the value of € 30 to be effected into the current account no. 5512/00 in Cassa di Risparmio di Firenze, Agenzia 28, ABI 06160, CAB 02828 made out to: **Fleming Youth S.p.A. - Masterclass Internazionale di Canto - Via del Giglio n. 10 - 50123 FIRENZE – ITALIA (the applications without the certificate of payment will not be taken into consideration)**

I state to accept unconditionally the regulations published in this announcement: particularly I authorise the Fleming Youth S.p.A. and the Syrinx-Kotlinski Artists Management & Productions:

- to the treatment of my transmitted personal dates in accordance with the rule of Italian Law 675/96
- to highlight to the public (in the time, media and manner considered appropriate) the initiative under discussion, through the publications of news, dates and photos of the event and the participants
- to use freely, entirely and partially, the phonographic and photographic material realised during all the initiative.

Date

Signature