Airas Nunes

AULA DE CÁMARA

CHAMBER MUSIC GROUP APPLICATION

Name of the group:

Instrumentation:

Member 1 (main contact)

Name and surname:

Instrument:

Passport/National ID card:

Email:

Phone number:

Address:

Member 2

Name and surname:

Instrument:

Passport/National ID card:

Email:

Phone number:

Address:

Member 3

Name and surname:

Instrument:

Passport/National ID card:

Email:

Phone number:

Address:

Member 4

Name and surname:

Instrument:

Passport/National ID card:

Email:

Phone number:

Address:

Member 5

Name and surname:

Instrument:

Passport/National ID card:

Email:

Phone number:

Address:

Member 6

Name and surname:

Instrument:

Passport/National ID card:

Email:

Phone number:

Address:

Please specify your modality of application:

Complete (4 lessons) \_\_ Partial (2 lessons) \_\_

Please specify which professors you would like to have lessons with:

1. 2.

3. 4.

Please specify if you wish to apply for a scholarship:

YES \_\_ NO \_\_

Please specify if you wish to book accommodation at Residencia Burgo das Nacións:

YES \_\_ NO \_\_ Only the following members:

Please specify if you wish to book lunch after lessons:

YES \_\_ NO \_\_ Only the following members:

If booking lunch, please specify if you have any restrictions, such as allergies or vegetarian only:

All the group members have read and accept the terms and conditions of the course: YES/NO

THANK YOU VERY MUCH!

LOOKING FORWARD TO MEETING YOU IN SANTIAGO