Airas Nunes

AULA DE CÁMARA

SOLOIST APPLICATION FORM

Name and surname:

Instrument:

Date of birth:

Passport/National ID:

Email:

Phone number:

Address:

MODALITY OF STUDIES:

Complete \_\_ Combined \_\_ Partial \_\_

In case of applying for Combined mode of studies, please specify if you wish to form a chamber music group with a particular person:

Name:

Instrument:

Please specify the professor(s) with whom you wish to have your lessons. In case of multiple professors, please specify how many lessons you wish to have with each:

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

YES \_\_ NO \_\_

Please specify if you wish to book lunch after the lessons:

YES \_\_ NO \_\_

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

I have read and accept the terms and conditions of this course: YES/NO

THANK YOU VERY MUCH!

LOOKING FORWARD TO MEETING YOU IN SANTIAGO