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REGISTRATION FORM

First Name :

Last Name :

Address :

Date of Birth :

Nationality :

Phone :

Mobile :

E-mail :

Music Highschool or Conservatory of Music.

Level or number of years of study.

Emergency contact (name and phone):

Food or drug allergies:

Medications to take during the stay.

Registration fee: **650 €** for the 2018 Flute Symposium from 30th of July to 6th of August

Deposit of 350 € paid on / / 2018

Bank details: **Artephonia ASBL - BIC : BBRUBEBB - IBAN : BE41 3630 6184 4210**

I read the conditions of entry on the website www.artephonia.be and accept them.

Done at. the.

Signature (preceded by the words **read and approved**)

.....

PARENTAL AUTHORIZATION FOR UNDER 18

I, the undersigned.

parent or guardian of,
authorizes him/her to participate at the Flute Symposium Flute from the 30th of July to the 6th of August 2018, organized
by the ASBL Artephonia.

I authorize him/her to leave the enclosure of the course: Yes No (other supervised activities).

I also authorize officials of the course to practice all the care and surgery appear necessary and renders me responsible
when they are engaged.

Done at. the.

Signature (preceded by the words **read and approved**)