Please print this form and send it to

Alascala Clarinetissimo 2017

Schijfstraat 88 8310 Assebroek, BE

or send it through email to

alascala@skynet.be.

| Personal information candidate Clarinetissimo 2017 | | | | | |
| --- | --- | --- | --- | --- | --- |
| First name | |  | | | |
| Surname | |  | | | |
| Street and number | |  | | | |
| Zip code |  | City | |  | |
| Country | |  | | | |
| Telephone | |  | | | |
| Mobile | |  | | | |
| E-mail address | |  | | | |
| Date of birth (DD/MM/JJJJ) | |  | | | |
| Bachelor Clarinet | | obtained on: | | | |
| Master Clarinet/Basklarinet | | obtained on: | | | |
| 14 years to ….. | | Fill in the Recommendation Letter (underneath) | | | |
| Participation fee 200 € wired to ALASCALA  BE78 7330 2027 8686 | |  | | | |
| Recommendation Letter Professor | | | | | |
| First name | | |  | | |
| Surname | | |  | | |
| Street and number | | |  | | |
| Zip Code |  | | City | |  |
| Country | | |  | | |
| Telephone | | |  | | |
| Mobile | | |  | | |
| E-mailadres | | |  | | |
| School or Academie | | |  | | |
| I hereby certify that the above student demonstrates great enthusiasm and interest and would love to take part in Clarinetissimo 2017.  Signature | | | | | |