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 ALASCALABE78 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 |