

Registration Form Clarinetissimo 2019

*Please print this form and send it to
Alascala Clarinetissimo 2019
Schijfstraat 88 8310 Assebroek, BE
or send it through email to
alascala@skynet.be.*

Personal information candidate Clarinetissimo 2019

First name			
Surname			
Street and number			
Zip code		City	
Country			
Telephone			
Mobile			
E-mail address			
Date of birth (DD/MM/JJJJ)			
Bachelor Clarinet		<input type="checkbox"/> obtained on:	
Master Clarinet/Bass Clarinet		<input type="checkbox"/> obtained on:	
14 years to	<input type="checkbox"/> Fill in the Recommendation Letter (underneath)		
Participation fee 200 € wired to ALASCALA REG. NR: 0864 818 544 IBAN BE78 7330 2027 8686 BIC KREDBEBB			<input type="checkbox"/>

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 2019.			
Signature			