

# 2018 Cremona International Music Academy Application

## Three- and Two-week Program Application Form

Use this form to apply to the **Three-week Program** (July 15- August 5, 2018) or the **Two-week Program** (July 22-August 5, 2018).

**PLEASE NOTE:** All fields marked with \* (asterisks) are *mandatory* fields that must be filled out in order to process the form.

### This application is for:

- Three-week Program (July 15-August 5, 2018)  
 Two-week Program (July 22-August 5, 2018)

### STUDENT INFORMATION

First Name\* (as it appears in the Passport/Travel Document):

Middle Name (as it appears in the Passport/Travel Document):

Last Name\* (as appears in the Passport/Travel Document):

Date of Birth\*:  Gender\*:  Male  Female

Citizenship\*:

Do you need a visa to travel to Italy\*:  Yes  No

Address\*:

City\*:

State\*:  Postal/Zip Code\*:

Country\*:

Home Phone:  Mobile/Cell Phone\*:

Email\*:  Messenger:

**INSTRUMENT/VOICE**

Primary Instrument or Voice Part\*:

Years of Study (Primary Instrument or Voice)\*:

Secondary Instrument or Voice Part:

Years of Study (Secondary Instrument or Voice):

Present Teacher (Primary instrument):

Present Teacher (Secondary Instrument):

**PARENT/GUARDIAN #1 INFORMATION**

**PLEASE NOTE:** All children under the age of 12 must be accompanied by parent/guardian.

First Name:  Last Name:

Address:

City:  State:  Postal/Zip Code:

Country:

Home Phone:  Mobile/Cell Phone:

Email:

Alternate Email Address (optional):

Please indicate whether you will be accompanying your child. If "Yes", complete and submit separate "Non-Participant" Form.

Yes  No

Please indicate whether someone else will accompany your child:

Yes  No

If someone else will accompany your child, please provide the name of that person here. Please complete and submit separate "Non-Participant" Form for this person.

**PARENT/GUARDIAN #2 INFORMATION**

First Name:  Last Name:

Address:

City:  State:  Postal/Zip Code:

Country:

Home Phone:  Mobile/Cell Phone:

Email:

Alternate Email Address (optional):

Please indicate whether you will be accompanying your child. If “Yes”, complete and submit separate “Non-Participant” Form.

Yes  No

Please indicate whether someone else will accompany your child:

Yes  No

If someone else will accompany your child, please provide the name of that person here. Please complete and submit separate “Non-Participant” Form for this person.

**HOW DID YOU LEARN ABOUT THE ACADEMY?\***

**MUSICAL INFORMATION**

Please indicate one or more private teacher(s) you would like to study with.

Teacher preference #1:

Teacher preference #2:

Teacher preference #3:

Please list repertoire you plan to study at the Academy.

Are you interested in taking Optional Courses? Places are limited; early registration is recommended. Check all that apply.

- Audition Preparation Class (All instruments and voice)
- Collaborative Piano Class (Pianists only)
- Improvisation Class (Open to all students)
- Competition Preparation Sessions (Week One, July 15 to July 22 only)

### GENERAL MUSICAL INFORMATION

Please list repertoire for your primary instrument or voice that you have performed or studied in the last two years.\*

Have you played chamber music before?\*

Yes  No

If you have played chamber music before, please list works you have studied and performed in the last two years.

### Violinists

Violinists: Would you be interested and willing to play viola in chamber music/orchestra?

Yes  No

If yes, would you be able to bring your viola to the Academy?

Yes  No

### LODGING INFORMATION

Please indicate where you will be staying during the Academy. **PLEASE NOTE:** All unaccompanied minors (students under the age of 18) are required to use Room and Board Plan provided by the Academy.

#### Student

- Academy Room and Board Plan
- Own Arrangements

#### Parent/Guardian

- Academy Accommodation
- Own Arrangements

### SIGHTSEEING TOURS

**PLEASE NOTE:** Tours are mandatory for all unaccompanied minors (students under the age of 18).

Will you be taking part in the sightseeing tour of Verona?

- Yes  No

If yes, how many people will take part in the sightseeing tour of Verona?

### TRAVEL INFORMATION

Would you like the Academy to arrange your transportation from/to the airport (additional fee of 50EUR/\$60 per person each way applies)?

- Yes  No

If yes, how many people will be traveling?

Enter number of one-way tickets from Malpensa Airport to Cremona?

Enter number of one-way tickets from Cremona to Malpensa Airport?

Number of Round Trip Tickets?

Please provide any additional information regarding airport transportation needs.

### EMERGENCY CONTACT INFORMATION

Emergency Contact Full Name\*:

Emergency Contact Phone\*:

Emergency Contact Email\*:

### TERMS AND CONDITIONS/AGREEMENT

I declare that the information stated above in this application form is complete and truthful. I agree to observe and abide to all of the Academy's rules of participation, listed in the agreement of participation and I understand that "Cremona International Music Academy and Competition" and "International Music Academies", and JVL Summer Music School may not be held liable for any personal injury or illness or damage to property that may occur during the Academy. I understand that each participant is required to secure health insurance in case of illness or accident, as well as Property insurance for his or her instrument and bow. I agree to release "Cremona International Music Academy and Competition", "International Music Academies", JVL Summer Music School and all attendant persons from liability.

I agree to the terms and conditions above.

Yes

### SIGNATURES

**Students over 18:** You must enter your full name here. Your application will not be complete without this signature.

**REQUIRED:** Signature (Full Name) of Parent/Guardian for all minors (students under the age of 18)

**REQUIRED:** Today's Date