

REGISTRATION FORM

Please print this page and send the completed and signed form to:

Floryse Bel Bennett
Ruelle de l'Eglise 10
1143 Apples
Switzerland



CROscendo
21.4. - 28.4.2012
Deadline: 1.3.2012

Alpeggio
30.6. - 6.7.2012
Deadline: 1.5.2012

First Name: Last Name:

Address:
.....

Tel./fax: Home: Work: E-mail:

Accommodation/food special needs:

Instrument(s):

Level and experience:

Please describe your experience in chamber music:
.....

How did you hear about these workshops?:

Do you know some other musicians who already participated (whom) ?

How often do you practice, alone, in group, in orchestra?
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Do you play with a regular group? yes no Have you attended other similar workshops? yes no

Do you prefer playing first or second violin?

How familiar are you with Haydn, Mozart, Beethoven middle/late quartets, Brahms or Bartok quartets ?
.....
.....

Please mention any special wishes:.....
.....
.....

My signature confirms that I have read and accepted the "General Information and Conditions" on the web site.

Signature : Place + date :