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**APPLICATION FORM**

Name and Surname ……………….

Date of birth (D-M-Y): ………….

Participant’s country: ......

Phone ……………. e-mail ………….

Name of the university, college or school: ……………………….

**Master class**

Selected program: (name of the composer/s, titles, including opus number if any)

………………………………………………………………………………

Name of the teacher…………………………………

Professor: 1st choice ...................................................

2nd choice ............................................................

**Proof of the registration payment -** please send with the application form to:  musicalive.wsne@us.edu.pl

Date .......................... Signature ...............................