



Internationale Musikakademie Ludwigslust Registration form

NAME:	GENDER:	BIRTHDAY:	photo
NATIONALITY:	AGE:	ID OR PASSPORT NUMBER:	
TELEPHONE:		E.MAIL:	
Address:			
REPERTOIRE			
Instruments	CATEGORY NAME	TITEL (WRITE THE NUMBER)	
Applicant's signature: _____ Date (yyyy-mm-dd): _____			
Note: The parent or guardian shall sign on behalf of a minor under 18 years of age.			