



4. Internationale Musikakademie Ludwigslust 2025

Registration form

NAME: _____ GENDER: _____ AGE: _____

BIRTHDAY: _____ NATIONALITY: _____

ID OR PASSPORT NUMBER: _____

TELEPHONE: _____ E-MAIL: _____

COACH NAME: _____

ADDRESS: _____

REPERTOIRE

Flute () Clarinet () Bassoon () Singing ()

Other: _____

Applicant's signature: _____ Date (yyyy-mm-dd): _____

Note: The parent or guardian shall sign on behalf of a minor under 18 years of age.