



www.youth-classics.com

9th Swiss International Music Academy Application Form

Please fill out form fully and in clear print. This form serves as the basis for all further communication.

Personal information:

Family Name: _____

First Name: _____

Gender: male female

Date of Birth: Day: _____ Month: _____ Year: _____

Nationality: _____

Instrument: _____

Street: _____

ZIP/Town: _____

State /Country: _____

Home phone: Country Code: _____ City Code: _____ Number: _____

Mobile phone: Country Code: _____ Number: _____

E-Mail: _____@_____

! Email and whatsapp are the main modes of communication. Please check your email, including the SPAM-INBOX, and whatsapp regularly !

Do you need a visa to enter and stay in Switzerland? yes no

If you need a visa, please send us a copy of your passport with this application.

Choice of Course:

Course solo and chamber music (CHF 890.00)

Requested instructor (solo course): _____

I would like YOUTH CLASSICS to propose a place with another Academy instructor if I do not get a place with my preferred instructor.

I would not like to participate in YOUTH CLASSICS if I cannot be taught by my preferred instructor.

I do not want to attend the chamber course (same fee)

I would like to attend the course „viola as minor instrument for violinists“ with Jose G. Flores. I will bring my own instrument (only for violinists – course fee remains the same)

I do not want to attend the course „viola as minor instrument for violinists“ with Jose G. Flores



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Solo Course Repertoire (obligatory information for accompanists)

1. _____
2. _____
3. _____
4. _____

Chamber Music Repertoire (only possible if you already know with whom you play)

1. _____
2. _____
3. _____

Name of chamber music partners (if possible)

1. _____
2. _____
3. _____
4. _____
5. _____

Accommodation

I would like to live in a double-room with the following person (if possible):

Food

normal vegetarian

I have the following food intolerance _____

Language

Do you speak English? Yes No

Do you speak German? Yes No

Comments/Special Requests: (aside from scholarship aid)



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Who should be notified in the event of an accident or other unusual occurrence:

Name: _____

Relationship: _____

Phone: Country Code: _____ Number: _____

E-Mail: _____

I include with this application:

(Incomplete applications will not be processed.)

- application form
- agreement about rules for participants at YC International Masterclasses
- a recent photo and a digital photo
- C.V.
- Receipt that proves payment of the application fee (CHF 100.00)
- CD or DVD (if you send it per post)
- Passport copy (only for visa)
- The link of my YouTube-video is: _____

- I have auditioned in a live audition and my teacher of choice has already guaranteed me a place in his/her class.
- Whatsapp is installed of my mobile phone

Please note:

All parts of the application must reach YOUTH CLASSICS latest **by Mai 15 2018.**

Signature (of parent if applicant is under the age of 18)

Place: _____ Date: _____

Send (by post or email) to:

YOUTH CLASSICS

Neue Dorfstrasse 9

CH-8135 Affoltern am Albis

Switzerland

info@youth-classics.com