



# International Music Academy of Colombes

## Registration Form

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### **GENERAL INFORMATION:**

Last Name:

First Name:

Gender : Male – Female

Date of birth:

Address:

Phone :

Cell Phone:

Email :

Instrument :

Actual Level :

Place where you study:

Actual teacher :

### **REGISTRATION :**

Session selected : ☐ July 1st to 6th

☐ July 8th to 13th

Instrument :

Teacher :

Free auditor : ☐

### **LODGING:**

☐ Hostel (in charge to student)

☐ Gest house (Limited places)

Write here the total cost of the training course:

### **For Under-age trainees:**

I give permission for my child to enroll the International Music Academy of Colombes 2019

Date :

Parent or legal guardian's signature:

**Registration deadline: June 30th 2019**

Post this registration form with a 90 euros deposit cheque payable to :  
Opus Artis Paris, 56 rue Mary Besseyre, 92170 VANVES FRANCE