



**Violin masterclass with Prof. Philip A. Draganov
at the Landesmusikakademie Ochsenhausen**

Application form *Please fill out the form completely and in clear handwriting*

Personal information:

Last name: _____

First name: _____

Gender: male female

Date of birth: _____

Nationality: _____

Street: _____

ZIP/Town: _____

State/ Country: _____

Home phone: **Country code:** **number:** _____

Mobile **Country code:** **number:** _____

E-Mail: _____

We mainly use email and whatsapp for communication. Please check your email, including the SPAM-INBOX, and whatsapp regularly!

Do you need a visa to enter Germany? yes no

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

Course repertoire (information needed for accompanist)

1. _____

2. _____

3. _____

4. _____

Languages

English? yes no

German? yes no

Comments/special requests:

Person who should be contacted first in case of an accident or other unusual occurrence:

Name: _____

Relationship: _____

Phone: _____ Country code: _____ number: _____

Email: _____

I include with this application: (*Incomplete applications will not be processed.*)

Application form

CV

Bank receipt proving the payment of the tuition fee (250 CHF/250 EUR).

(The tuition fee will be fully refunded, in case the applicant does not receive a place in the masterclass with Prof. Philip A. Draganov.

In case of cancellation by the participant, YOUTH CLASSICS will refund 200 CHF/200 EUR and charge 50 CHF/50 EUR processing fee.)

Passport copy (only for Visa)

youTube video link:

I have auditioned for Prof. Philip A. Draganov and he has guaranteed me a place in his masterclass.

Whatsapp is installed on my mobile phone

The tuition fee must be transferred to following bank account:

Zürcher Kantonalbank, Inhaber: YOUTH CLASSICS

Euro-Konto: IBAN: CH54 0070 0130 0091 1880 2

CHF- Konto: IBAN: CH31 0070 0114 8023 3338 0

The complete application with all needed information must reach YOUTH CLASSICS latest by December 15th, 2023.

Signature (signature of parents if applicant is younger than 18 years)

Place of issue: _____ Date of issue: _____

Please send the application to:

registration@youth-classics.com