## **Inscription Form**

To be sent to: masterclassmontallegro20@gmail.com

Name	Surname		
Place of birth	Date	Date of birth	
Address		Telepho-	
ne	Email		_
I hereby ask to be accept	ted in the cello masterc	lass of Maestro Luca Franze	etti in Montal
legro, Rapallo (GE) from	29/07/2020 to 09/08/2	020 as:	
• Effective participant			
• Listener			
In attachment please rec	eive a photocopy of my	ID and a receipt of the ins	cription fee.
For the above 18 years o	ld students:		
Signature			
Here I allow the use of m	ny personal data (by the	low Number D.LGS n 196/	2003):
Signature			
For the under 18 years ol	ld students:		
Name			
Surname			
Father/Mather/Tutor of_			
Under my parental respo	nsibility with this decla	ration I authorize my son/c	daughter to
take part in the cello ma	sterclass from 29/07/20	020 to 09/08/2020 held by	Maestro Luca
Franzetti.			
With this declaration I in	tend to dismiss Mr Luca	Franzetti from any civil ar	nd penal re-
sponsibility for any accid	lents in which my son/d	aughter would be implied,	either as re-
sponsible or as a victim.			
Signature			
Here I allow the use of m	ny personal data (by the	e low Number D.LGS n 196/	2003)
Signature			