



REGISTRATION DETAILS THE NUITS PIANISTIQUES ACADEMY OF AIX-EN-PROVENCE

The Nuits Pianistiques academy will be held this year over two sessions.

⇒ the first session will be held from **27 July to 02 August 2020**

⇒ the second session will be held from **03 August to 09 August 2020**

Prices :

- 1 course : 650 €
- 2 courses : 1200 €
- Piano jazz : 300 €
- Sight-reading introduction piano: 300 €
- Public attendance : 250 €
- Orchestre direction : 700 €
- Chamber music : 800 € The ensemble constituted. Only one entry per group

The choice of the teacher determines the choice of the session. you can do several courses.

For the pre-registration we need :

1. A completed registration form
2. A parental authorization if the student is minor
3. Two signed copies of the photo release form for minor applicants or adults
4. A deposit cheque of 120 euros in the name of *Musiques-Échanges* (non refundable)
Bank transfer is possible on demand

These parts of the registration should be sent to:

**Association Musiques-Échanges
760 chemin des plaines, 13760 Saint-Cannat**

The registration is considered final on reception of the full course fee
This should be sent us before the **25th of July 2020**

Payment is possible by cheque or bank transfer (bank account details can be sent by email).

ENROLMENT

Surname First Name

Date of Birth

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Address

Post Code

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 Town

Country

Téléphone mobile

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E-mail : @

Instrumental level

Session 1 : 27 July to 02 August Session 2 : 03 August to 09 August

Course and teacher required :

Session 1 : Name of teacher

Course

Session 2 : Name of teacher

Course

Harp classes YES NO

Do you bring your harp with you ? YES NO

Rates (enrolment fees included) :

1 course : 650€ 2 courses : 1200€ Piano jazz : 300€ Sight-reading (piano) : 300€

Flat rate for public attendance : 200€ Orchestral conducting : 700€

Chamber music : 800 € The ensemble constituted

Total€

- Send duly completed and signed enrolment
- First payment : total amount or reservation fees of 150€

To be returned **before 2019-07-25** to :

Association Musiques-Échanges
760 chemin des Plaines, 13760 Saint-Cannat, France



Payment by bank check made out of Musiques-Échanges (bank transfer is possible on request). The course organizer reserves the right to cancel all or part of the course in the event of circumstances outside his/her control (The amount paid will be fully refunded). Cancellation by the student: reservation fees are non refundable. After 20th July no refunds will be possible.

Date :

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Student's signature (or parents one if the student is under 18) :

Contact Zahra RAWAS +33 6 83 23 31 59 zahrarawas@lesnuitspianistiques.fr



PARENTAL AUTHORISATION
(Obligatory for under 18 applicants)

I, the undersigned

address

authorize my son – my daughter

date of birth

to take part in the International piano Academy, *Les Nuits pianistiques* workshops
from to in Aix-en-Provence I understand that the organisers are not
responsible for my child outside of the course times.

I authorize the organizers to take all necessary measures in case of medical other emergencies.

Give name of your town

Date

Signature



AUTHORIZATION PHOTO AND VIDEO RELEASE

I,
hereby authorize The Association Musiques-Échanges to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in the Association's printed publications and website.

I release the Association Musiques-Échanges from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Musiques-Échanges to use their photographs and names.

I acknowledge that since participation in publications and websites produced by Association Musiques-Échanges is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by Association Musiques-Échanges confers no rights of ownership whatsoever. I release Association Musiques-Échanges, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

PLEASE LIST ALL MINOR CHILDREN BELOW:

Name Age

(Print Signature)

(Street Address)

(City, State, Zip)

(Signature)

Date.....



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