



## 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 **24 to 30 July 2023**
- ⇒ the second session will be held from **31 July to 07 August 2023**

### Prices:

- 1 course: 670 €
- 2 courses: 1200 €
- Sight-reading introduction piano: 300 €
- Public attendance: 250 €

**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 Bank transfer or a deposit cheque of 170 euros in the name of *Musiques-Échanges* (nonrefundable)
5. A completed membership form for the *Musiques-Échanges* association

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 **24th of July 2023**

Payment is possible by bank transfer (IBAN : FR7611315000010812940034995 - BIC : CEPAFRPP131) or cheque.

Association Musiques-Échanges - 760 Chemin des Plaines - 13760 Saint-Cannat  
tél : +33 6 83 23 31 59 – [www.lesnuitspianistiques.fr](http://www.lesnuitspianistiques.fr)  
Code APE 9002 Z - N ° SIRET 39932932500035

## ENROLMENT

Surname ..... First Name .....

Date of Birth    L \_ \_ \_ \_ \_

Address .....

Post Code    L \_ \_ \_ \_    Town .....

Country .....

Telephone mobile L \_ \_ \_ \_ \_

E-mail : ..... @ .....

Instrumental level .....

Session 24 to 30 July                       Session 31 July to 06 August

Course(s) and teacher(s) required:

Name of teacher(s) .....

Course .....

Session 1 .....                       Session 2.....

Rates (enrolment fees included):

1 course: 670€       2 courses: 1200€       Sight-reading (piano): 300€

Flat rate for public attendance: 250€

Total ..... €

- Send duly completed and signed enrolment
- First payment: total amount or reservation fees of 170€

To be returned **before 2023-07-24** to: \_



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

*Payment by bank transfer or bank check made out of Musiques-Échanges. 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 24<sup>th</sup> July no refunds will be possible.*

Date:    L \_ \_ \_ \_ \_

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

Contact Zahra RAWAS +33 6 83 23 31 59 [zahrarawas@lesnuitspianistiques.fr](mailto: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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PLEASE LIST ALL MINOR CHILDREN BELOW:

Name .....  
Age .....

(Print  
Signature) .....

(Street  
Address) .....

(City, State,  
Zip) .....

(Signature)

Date.....



**MEMBERSHIP FORM**  
**ASSOCIATION MUSIQUES-ÉCHANGES**

Association law 1901 declared in Prefecture on October 5th 1992  
APE 90002 Z SIRET : 39932932500035

To be completed by the member (copy to be kept by the association)

Mr.  Mrs.

**First name :** .....  
**Last name :** .....  
**Postal address :** .....  
.....  
**Tel :** .....  
**Email:** .....

has paid the sum of .... as the membership fee for the year ...

- in cash
- by cheque
- by bank transfer

(IBAN : FR7611315000010812940034995 - BIC : CEPAFRPP131)

**This payment gives the status of**

- Non-active member: 20 €
- Active member: 25 €
- Benefactor member: from 50 €.

The payment of the membership fee entitles the member to participate in the General Assembly of the association.

**Done at ..... on .....**  
**Signature (Please proceed with "Read and approved")**

The information collected is necessary for your membership. It is subject to computer processing and is intended for the association's secretariat. In application of articles 39 and following of the modified law of 6 January 1978, the member has the right to access and rectify information concerning him/her.

✂ .....

**MEMBERSHIP FORM**  
**To be completed by the association (copy to be given to the member)**

**I, the undersigned, hereby declare that I have received the membership form from:**

**First name ..... Last name .....**

**as well as the membership fee for the year ....**

The member recognizes to have taken knowledge of the objects of the association (Statutes provided at his request) and declares to want to join the association Musiques-Échanges

**Done in Saint-Cannat, on .....**