

Steinway Masterclasses

Application Form

(Please write legibly or typed)

last Name: _____ **First Name:** _____

Gender: Male Female **Date of birth:** Day: _____ Month: _____ Year: _____

Street: _____ **PLZ/Place:** _____

Mobile Phone: _____ **E-Mail:** _____

Masterclasses in: Solo Chamber Music Group

Length of Masterclass: 60 Minutes 40 Minutes

Numbers of Masterclasses: 1 2 3 1 2 3

Teacher at the Masterclass: _____

Program: _____

Include with this Application Form:

- a recent photo
- C.V.

By registering at the Masterclasses the participant declares that no third party will recognize any copyright and/or other legal rights for video, audio and other materials created during the Masterclasses. All rights for the distribution of photo, audio and video materials of the Masterclasses belong to the Organizer of the Masterclasses, as well as exclusive right for photo, audio and video recordings of the participant's performances. Participant transfers the rights for the broadcasting and distribution of materials (including the Internet) at no charge, in any territory, for an unlimited period of time to the Organizer of the Masterclasses. The Organizer of the Masterclasses has the right to broadcast the auditions of the Masterclasses on radio, television, the Internet without any additional fee to the participants. Masterclasses are open for public.

Place, Date: _____ Signature (of parent if applicant is under the age of 18): _____

Please send all documents by E- Mail or by post:

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info@uniteclassics.com

Presented by:

MusikHug

Organization:

 **UNITE CLASSICS**
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Communication Partner:

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