**REGISTRATION FORM FOR CONTRABBASS MASTERCLASSES**

**To be sent by October 23, 2024 to** **segreteria@associazionebottesini.com**

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Requests to participate in the double bass masterclass organized by the Bottesini Association in collaboration with the Fondazione Stauffer, on the occasion of the 9th edition of the Bottesini Competition. The masterclass will take place on October 26, 2024 from 10:00 a.m. to 1:00 p.m. at the Fondazione Stauffer (Accademia Stauffer’s headquarters), in Cremona, Via S. Martino No. 6. Participation in the masterclass is free of charge and is reserved for double bassists of all nationalities and between the ages of 18 and 35.
* I ask to join as:
* Active Student
* Auditor
* I wish to join in this Professor’s masterclass:
* LUIS CABRERA
* THIERRY BARBÉ
* GARY KARR

If the chosen masterclass is already full, the organisation will offer to the student the attendance to a different class.

* I wish to bring the following pieces among which the Professor will chose one to listen to:
1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO RELEASE FORM**

In the context of the disclosure already signed and which is here reported in accordance with the rights referred to in article 15 to 22 of EU Regulation 2016/679, we hereby ask you to

**AUTHORIZE**

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This authorization may be withdrawn at any time, with written instruction. If you wish to exercise this right, below is specified the e-mail address of the individual who you may contact at segreteria@associazionebottesini.com as well as the address of the registered office of this individual for sending ordinary mail.

\* \* \*

I, the undersigned have read the above information, and I am is the knowledge that consent is optional as well as revocable at any time

I,

Give permission

Do not give permission

for the Organization to carry out all the activities described above.

 Date Signature