2nd ANNUAL SUMMER FIDDLE CAMP

20. – 24. 7. 2009

Registration form: fiddler

Name/Surname: .....

Address:.....

City:..... ☐ **Male** ☐ **Female**

Zipcode:..... **Country**:.....

Email:..... **Phone**:.....

Age: ☐ **? – 9** ☐ **10 - 15** ☐ **16 – 20** ☐ **21 – 35** ☐ **36 – 65** ☐ **65 - ?**

Level: ☐ **Beginner** ☐ **Intermediate**
☐ **Intermediate Classical** ☐ **Advanced**
☐ **Advanced profesional**

Prefered way of communication: ☐ **Email** ☐ **Postal addess** ☐ Phone

Assumed way of transportation to the place: .....

☐ **Yes, I order the accommodation starting Sunday night.**

☐ **Yes, I would like to be transported from Prague int. airport on Sunday afternoon.**

If you are age 15 and uder, your guardian must register separately at the same time in order for your application to be accepted.

Guardian´s name: .....

I would like to be accommodated with: .....

Price: 530 €, price for attendees age 15 and under: 430 €
Refund policy: A refund minus 20% per person will be given up until midnight July 6. 2009. No refunds will be given after that date.

Signature .....