

CREMONA INTERNATIONAL MUSIC ACADEMY AND COMPETITION

Non-Participant Form

July 16 to August 6, 2017 - Cremona, Italy

Please complete one non-participant form per person

Non-Participant Information:

Name: First _____ Last _____ Middle _____
(as it appears in the Passport/Travel Document)

Address: _____

City: _____ State: _____ Postal/Zip Code: _____ Country: _____

Home Phone: _____ Mobile/Cell Phone: _____

Email: _____ Messenger: _____

Citizenship: _____ Do you need a visa to travel to Italy? Yes _____ No _____

Student Being Accompanied:

Name: First _____ Last _____ Middle _____
(as it appears in the Passport/Travel Document) *Note: All children under the age of 12 must be accompanied by parent/guardian and lodge with them.*

Lodging Information:

Non-Participant: Academy Accommodation _____ Own arrangements _____

Please indicate where you will be staying during the Academy:

Student: Academy Room and Board Plan _____ Own arrangements _____

Specific Requests _____

Note: All unaccompanied minors (students under the age of 18) are required to use Room and Board Plan provided by the Academy.

Sightseeing Tours:

Will you be taking part in the sightseeing tour of Verona? Yes___ No___

Travel Information:

Would you like the Academy to arrange your transportation from/to the airport (*additional fee of 50€/ \$60 per person each way applies*)? Yes___ No___

One-way ticket from Malpensa Airport to Cremona: _____

One-way ticket from Cremona to Malpensa Airport: _____

Round-trip ticket: _____

Emergency Contact Information:

Please provide your Emergency Contact information:

Name: _____ Phone: _____ Email: _____

Terms and Conditions / Agreement

I declare that the information stated above in this application form is complete and truthful. I agree to observe and abide to all of the Academy's rules of participation, listed in the agreement of participation and I understand that “Cremona International Music Academy and Competition” and “International Music Academies”, and JVL Summer Music School may not be held liable for any personal injury or illness or damage to property that may occur during the Academy. I understand that each participant is required to secure health insurance in case of illness or accident, as well as Property insurance for his or her instrument and bow. I agree to release “Cremona International Music Academy and Competition”, “International Music Academies”, JVL Summer Music School and all attendant persons from liability.

_____Name and signature of the Non-Participant

_____Date

Please include in your application package:

- * Copy of the non-participant’s passport
- * *All checks should be made in US Dollars*

Mail complete application package to:

**International Music Academies PO Box 67462
Chestnut Hill, MA 02467
USA**

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