# **Afbeelding 1Registration form for the Zeist Music Days Masterclasses**

*All ensemble members must register individually.*

|  |  |
| --- | --- |
| Full name |  |
| M/F |  |
| Date of birth (dd/mm/yyyy) |  |
| Nationality |  |
| Address |  |
| Town & postal code |  |
| Country |  |
| Phone number |  |
| Email address |  |
| Musical instrument |  |
| Student at |  |
| Graduate of |  |
| Name of ensemble |  |

Date:

Name:

Email the form, a recent recording of two works - including one classical piece - and your personal as well as your ensemble CV by **May 31, 2025** to **students@zeistmusicdays.nl**