## **Inscription Form**

## To be sent to: masterclassmontallegro@gmail.com

Name	Surname
Place of birth	Date of birth
Address	Telephone
Email	
I hereby ask to be accepted in the ce	llo masterclass of Maestro Luca Franzetti in
Montallegro, Rapallo (GE) from 28/07	7/2025 to 10/08/2025 as:
Effective participant	
• Listener	
In attachment please receive a photo	copy of my ID and a receipt of the inscription fee.
For the above 18 years old students:	
Signature	
Here I allow the use of my personal d	ata (by the low Number D.LGS n 196/2003):
Signature	
For the under 18 years old students:	
Name	
Surname	
Father/Mather/Tutor of	
Under my parental responsibility with	this declaration I authorise my son/daughter to
take part in the cello masterclass from	m 28/07/2025 to 10/08/2025 held by Maestro Luca
Franzetti.	
With this declaration I intend to dism	iss Mr Luca Franzetti from any civil and penal re-
sponsibility for any accidents in which	n my son/daughter would be implied, either as re-
sponsible or as a victim.	
Signature	<u> </u>
Here I allow the use of my personal d	ata (by the low Number D.LGS n 196/2003)
Signature	