



אוניברסיטת תל-אביב



בית הספר למוזיקה ע"ש בוכמן-מהטה



הקונסרבטוריון  
חישראלי למוזיקה,  
תל-אביב

# Registration Form Clarinet Days

## Advanced course

**Please fax to: 03-6055169**

Or mail to: The Israeli Conservatory, Tel Aviv  
Striker 19, Tel Aviv 62006

**Final registration date: November 30th**

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age and school class: \_\_\_\_\_ :

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile  
phone: \_\_\_\_\_

Parent mobile phone: \_\_\_\_\_

E-mail  
(Required): \_\_\_\_\_

Years of study on the clarinet: \_\_\_\_\_  
Institution/Band: \_\_\_\_\_

Name of teacher: \_\_\_\_\_  
Teacher's email: \_\_\_\_\_

Would like to audition for solo with orchestra    yes / no

The piece I will play on the audition (it is possible to play 2 pieces and more  
than one movement of a concerto)

\_\_\_\_\_  
\_\_\_\_\_

The pieces I would like to play in the lessons and master classes

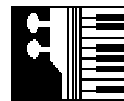
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Comments:

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I would like to stay at the hostel yes / no (If yes, you must register by November 20<sup>th</sup> and add 200 NIS per night)

Payment: 900 NIS – or 160 Euro

For foreign students: the fee can be paid when you arrive in Israel.

A check for **The Israeli Conservatory Tel Aviv** may be mailed to:

The Israeli Conservatory, Tel Aviv  
Shtriker 19, Tel Aviv 62006

Or by credit card:

Card no.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_\_ Name of cardholder: \_\_\_\_\_

I.D. no.: \_\_\_\_\_

Phone: \_\_\_\_\_

No. of installments: \_\_\_\_\_

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