

# SIENA JAZZ SUMMER WORKSHOP

## CORSI INTERNAZIONALI DI PERFEZIONAMENTO MUSICALE

46<sup>th</sup> EDITION - JULY 24<sup>th</sup> / AUGUST 7<sup>th</sup>, 2016

IMPORTANT: It is compulsory to carefully read the regulations before proceeding with the compilation of this application form(1). It is possible to fill the form on-line using Acrobat Reader. Please insert your data, print and send it (with the documents listed in the Regulations, Art. 3) to: Siena Jazz, Fortezza Medicea, 10 - 53100 - Siena - ITALY, or by e-mail to [admissions@sienajazz.it](mailto:admissions@sienajazz.it)

### PERSONAL DATA

NAME:

SURNAME:

BORN PLACE:  BIRTH DATE:  (dd/mm/yyyy)

RESIDENCE:

ADDRESS:

COUNTRY:

CITY:

POSTAL CODE:  PHONE:

MOBILE:

E-MAIL:

### ENROLLMENT

YOUR INSTRUMENT:

FULL-TIME STUDENT  AS AN AUDITOR

I have paid the enrollment fee for EURO:  ,  with: (select one option)

POSTAL ORDER <sup>(2)</sup> Nr.:  DATE:  (dd/mm/yyyy)

POSTAL CHECK <sup>(3)</sup> DATE:  (dd/mm/yyyy)

INTERNATIONAL WIRE TRANSFER <sup>(4)</sup> DATE:

DISCLAIMER: The enrollment application will be processed only if the payment terms of the money order are correctly reported on the enrollment form. The application deadline is set by July, 24th 2016

(1) Official regulations of Seminari Estivi di Siena Jazz is available on the internet (<http://www.sienajazz.it>).

(2) THE POSTAL ORDER MUST BE PAID TO Siena Jazz, Fortezza Medicea, 10 - 53100 - Siena.

In the reason for payment please specify: ISCRIZIONE SEMINARI 2016 - or - COURSES APPLICATION

(3) THE POSTAL CHECK MUST BE PAID TO Siena Jazz, Fortezza Medicea, 10 - 53100 Siena, ACCOUNT Nr. **61795456**

In the reason for payment please specify: ISCRIZIONE SEMINARI 2016 - or - COURSES APPLICATION

(4) IBAN: IT15X0867371880000001002735 BIC / SWIFT CODE: ICRAITRRIP0

Please retrieve and copy the following information from previous page

SURNAME AND NAME:

Enrollment application for (instrument):

FULL-TIME STUDENT  AS AN AUDITOR

## ARTISTIC AND OTHER INFORMATION

JAZZ SIGHT-READING      GOOD       POOR

MUSICAL STUDIES:  
(please specify the number of years)

JAZZ DIPLOMA  ( )

CONSERVATORY DIPLOMA \*  ( )

CONSERVATORY STUDENT \*  ( )

MUSIC SCHOOL \*  ( )

### \* ACTIVITY IN JAZZ:

Must send documents proving at least three years of activity in jazz (private study certificates, leaflets or poster for concerts, newspaper clippings, etc.)

WORKSHOP, STAGES

(please specify some of them:)

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### OTHER INSTRUMENT PLAYED

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KNOWLEDGE  
OF  
JAZZ  
STRUCTURES:

blues   
modal   
AABA song

other

AMATORIAL  
MUSIC  
EXPERIENCES:

pop   
jazz   
fusion/funky

rock

other

PROFESSIONAL  
MUSIC  
EXPERIENCE:

none   
jazz   
fusion/funky

pop

rock

other

IMPROVISATION  
PRACTICE:

on one chord   
on changes

non-tonal

KONWN JAZZ  
STYLES:

jazz/classic   
jazz/rock   
bebop

modal

free

fusion/funky

FAVOURITE MUSICIANS:

## REGULATIONS ACCEPTANCE

The undersigned

(name and surname)

declares to subscribe the regulations of the 46th edition of Siena Jazz Summer Workshop, year 2016.

The regulation is available on the Internet, at [http:// www.sienajazz.it/](http://www.sienajazz.it/)

DATE \_\_\_\_\_

(dd/mm/yyyy)

SIGNATURE \_\_\_\_\_

## ENGLISH PROFICIENCY

The undersigned \_\_\_\_\_

DECLARES

under his own responsibility to have sufficient knowledge of English language and he/she is able to communicate with international teachers, both in individual and in combo lessons.

signature, \_\_\_\_\_

## PROCESSING AND HANDLING OF PERSONAL DATA (ITALIAN PRIVACY LAW 675/1996)

The undersigned

(name and surname)

gives her/his consent to the treatment and communication of her/his personal data solely in relation to the activities within the aims and objectives of Siena jazz, as described in the Siena jazz information on common personal data handling (\*). I am aware that, without my consent, registration cannot be processed.

DATE \_\_\_\_\_

(dd/mm/yyyy)

SIGNATURE \_\_\_\_\_

Moreover, I give Siena jazz the permission to include my e-mail address

in his mailing list in order to receive information about workshops and concerts organized by Siena Jazz.

**YES, I GIVE THE PERMISSION**

**NO, I DON NOT GIVE THE PERMISSION**

DATE \_\_\_\_\_

(dd/mm/yyyy)

SIGNATURE \_\_\_\_\_

## HOW DO I KNOW THE COURSES:

Internet (google, sienajazz.it)

Magazine

Teacher, Conservatory, School of Music, etc.

Paper Advertising (poster, depliant...)

Friends

Other (specify) \_\_\_\_\_

(\*) For a copy of the Siena jazz Information on common personal data handling, contact Siena Jazz, Fortezza Medicea, 10 53100 - Siena (Italy).