

Application – Masterclass at Stolpe castle 2025

Please open with document reader, fill out the form, save it as PDF file and send back until the 30th of June 2025 to: m.lentins@usedomer-musikfestival.de

I would like to register for the:

active masterclass passive masterclass

Duration: 22.09. - 29.09.2025 [Arrival: 21.09.2025 - Departure: 30.09.2025]

The masterclass includes 3 lessons of 45 minutes per person. These units will take place throughout the week. In addition, there will be a public final concert on 29.09.2025.

Course fee active: 480 EUR Course fee passive: 180 EUR

After <u>confirmed</u> participation you have to make a prepayment of 100 EUR. Refund is only possible with a medical certificate.

Important: If more people register than the course can accommodate, Prof. Geringas will make an appropriate selection.

Personal information:	
Last Name:	First Name:
Gender:	Date of birth:
Nationality:	
Address:	
Street:	House number:
Postal Code:	Town:
Country:	
Phone (with area code):	E-Mail:
Academical Data:	
My current teacher:	College/University:
Course Repertoire:	



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Food and Accommodation:

As part of the masterclass, we offer participants central catering at Schloss Stolpe. (Minimum registration: 4 persons)

I herewith bindingly book half board (breakfast buffet, snacks and cooked dinner) for 200 EUR.

YES NO

I have the following allergies/eating habits:

This year we are refraining from booking <u>accommodation</u>, but are happy to recommend good places to stay. The village of Stolpe is relatively small, so almost all accommodation is within walking distance of Stolpe Castle.

I plan to travel by the following means of transport:

I need a shuttle from the nearest train station (train station Anklam):

YES NO

Important: Please submit the <u>following documents</u> together with the application form. Otherwise your application will not be considered complete.

- a detailed curriculum vitae/biography/CV (max. 1500 characters)
- an artist's photo
- Youtube links, if available
- Scan or copy of identity card / passport*

Date, Place

Signature*