

Landesmusikakademie Sachsen
Schloss Colditz
Schlossgasse 1
04680 Colditz

GERMANY



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Application

Name of Group: _____
Person in Charge: _____
Participants (male): _____ Participants (female): _____
Number of participants incl. Mentors & Persons in Support: _____

Address:

Name: _____
Address: _____
Tel./Mobile: _____
E-Mail: _____

Billing address:

Name: _____
Address: _____

Date:

Day of arrival: _____ Time of arrival: _____ First meal: _____
Day of departure: _____ Time of departure: _____ Last meal: _____

Accommodation:

Single room Double room Shared room
Number: _____ Number: _____ Number: _____

Rehearsal Rooms:

Chamber Music Hall (125 sqrm) Recording studio Office

Rehearsal Rooms:

Number of rehearsal rooms (71-105 sqrm): _____ Number of users: _____

Number of rehearsal rooms (20-45 sqrm): _____ Number of users: _____

Instruments:

Inventory:

Music Stands Tables Chairs
Number: _____ Number: _____ Number: _____

Sound Equipment:

Do you want to play a concert in the academy during your stay?

Do you want to use the wine cellar of the castle for a get together in the evening?

Yes No

Which evening: _____

Place, Date

Signature