



GOETHE
INSTITUT

TEARING DOWN WALLS WITH MUSIC

BAND WORKSHOP WITH THE GERMAN BAND AB SYNDROM

APPLICATION FORM

First name: _____

Surname: _____

School: _____

Birthday: _____

Email address: _____

Your German teacher's name: _____

Language Level: _____

Kindly check the box if you agree:

I agree to the Goethe-Institut using my video for the purpose of promoting the competition including the use of my name, school name and photos.

I understand that my video might be published on the Goethe-Institut social media platforms and website.

Please send the link of your uploaded video and a scanned copy of this fully accomplished application form together with the signed waiver and consent form below to grace.torres@goethe.de on or before October 11, 2019, 6pm.

WAIVER

As the parent/legal guardian of the child named below, I hereby give my full consent and approval for my child to participate at the Band Workshop with the German Band AB Syndrom this November 09, 2019, 9am to 2pm, at the Goethe-Institut Philippinen.

It is understood that my child will follow the policies and guidelines of the competition, and abide by the rules and regulations that may be imposed by the Goethe-Institut and its partners for his/ her welfare and safety.

NAME OF CHILD

NAME AND SIGNATURE OF
PARENT/LEGAL GUARDIAN

DATE SIGNED