

# *Application Form*

*5th International Chamber Orchestra Akademie Philippsburg*

*2nd - 9th August 2025*

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Name

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First name(s)

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Date of birth

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Adress

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Zip Code

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City

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Country

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Email-adress

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Mobil-Number

**I am playing the following instrument:**

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**I have read terms and conditions and agree with them; I agree that the final concerts will be recorded and that video/audio/or Photo material might be taken within the framework of the academy that may be used for future making purposes.**

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**Date and signature**

**Only for non-adult participants, parental content:**

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**Date and signature**