**APPLICATION FORM - Michael Chekhov Workshop, March 2023**

Name: …………….……………………………………........……………………………………………….. Age: …...……………..

Address (street, number, city, postal code, country):   …………………………..…..……………………………………………….…

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Email: ………………………………………………...……………………… Mobile phone: ………………………………………

Social media: ……………………….…………….………………….........................................................................

Artistic experience & education:

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Experience in the Michael Chekhov Technique:

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I wish to register for

**THE BREATHING SPACE / FILM acting - Michael Chekhov Workshop**

**4-8 March 2023 at Schule für Schauspiel Hamburg, Germany**

I shall pay **€ 480,--** (application after January 31st) / **€ 440,--** (application before January 31st)

to the following account (with my name on it):

Michael Chekhov Europe e.V., Eisenbahnstrasse 21, D-10997 Berlin

Bank: Landesbank Berlin - Berliner Sparkasse

Account number: IBAN: DE70100500000190265264 / BIC: BELADEBEXXX

Mentioning ‘Hamburg March 2023’

I know that the organizers are not liable for any claims regarding loss or theft of valuables, or in cases of accidents, injuries, harm or illness during the workshop or on the way to or from the working space. I accept that I have to take care of my own insurances, because the organizers will not insure participants.

I will take a Covid-19 test on the first day, and I will show the negative result to the organizers before entering the working space.

□ I wish to receive accommodation assistance. □ I do not need accommodation assistance.

 (please tick!)

Date: ………………..………...     Signature: ……………….…………..…………………………………………………………..

*Please send this form to: Schule für Schauspiel Hamburg, Ulrich Meyer-Horsch, Oelckersallee 29a, 22769 Hamburg, Germany, – or email it signed to* *chekhov@sfsh.de*