Auditors may continue to apply by completing and returning the form below, however the active participants class is now closed.

First Name: .....
Surname: .....
Email address: .....
Telephone Number: .....
Fax Number: .....
Date of Birth: ..... Male / Female: .....

Full-Time Auditor ❑
Daily Auditor ❑
Deposit Paid ❑

Bank:
Luzerner Kantonalbank
Pilatusstrasse 12
Postfach, 6002 Luzern
Switzerland
Account Number: 01-00-650525-09
Account Name: **Sir James Galway Masterclass**
IBAN: CH47 0077 8010 0650 52509
SWIFT Code: LUKBCH2260A

Mailing Address: .....
Street (line 1): .....
Street (line 2): .....
City: .....
Province or State: .....
Postal Code: .....
Country: .....

Signature ..... (Parent/Guardian if you are under 18 years of age)

All information on this application form will be treated in the strictest of confidence.

Applications should be sent to:
Galway Management
Postfach 573
6045 Meggen
Switzerland

Please email any questions you may have to: weggis@mac.com