



APPLICATION FORM:
Vaganova Academy Summer School in Italy, 2019
Masterclass July 1-9

Name: Surname:

- Male
 Female

Date of birth: Place: Age:

Country of residence: Address:

Last ballet school attended: Directed by:

Years of ballet studies.....How many hours per week?.....

Email address:

Telephone with area code:

You are interested also in point work , for 13—14 years old YES NO

Or in variations workshop, for big course from 15 years old YES NO

Only for age 10-12 and 13-14 years, would you prefer character class or historical dances?

Your opinion is important to us character historical

To complete the registration, please send a ballet photo. Within a few days before the beginning of the masterclass, you will have to send us also a medical certificate of good health that allows sport practice.

Payment details and related costs will be sent by email shortly.

Parent's signature

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