APPLICATION FORM:

Vaganova Academy Summer School in Italy, 2019
Masterclass July 11-20

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

.....

Accademia di Danza La Maison de la Danse ssd
Via Fontevivo 21/N La Spezia 19125
Phone: +390187300547 , +393494656392 and +41792493764
www.lamaisondeladanse.it
accademiamaisondanse@libero.it