



APPLICATION FORM:

Vaganova Academy Summer Intensive Italy July 7-15, 2020

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:

Where you have had your Audition. City..... or Video Audition

To complete the registration, please send us a ballet photo by mail and bring it by hand to the welcome desk the first day of the masterclass. 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.

Could you be interested in optional classes? Which?

Pointe work age 11-13 , extra classes fee to pay

Variation class age 14+ , extra classes fee to pay

Payment details and related costs will be sent by email.

The participation fee is not refundable in any case! Attention to this rule

Parent's signature to confirm any note to this form

Mother

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Father

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