



APPLICATION FORM,

Teachers Course:

Vaganova Academy Summer School in Italy, 2019

July 1-9 or 11-20

Name: Surname:

Male

Female

Date of birth: Place: Age:

Country of residence: Address:

Email address:

Telephone with area code:

You have chosen July 1-9 or 11-20

To complete the registration, please send a short CV.

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.

Signature

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