



APPLICATION FORM:
Vaganova Academy Audition
March 9-10, 2019

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?.....

Weight..... Height.....

Email address:

Telephone with area code:

To complete the registration, please send a ballet photo

Parent's signature

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