



APPLICATION FORM,
Teachers Course:
Vaganova Academy Summer Intensive Italy
July 7-15 2020

Name: Surname:

- Male
- Female

Date of birth: Place: Age:

Country of residence: Address:

Email address:

Telephone with area code:

To complete the registration please send a short cv and photo.

Payment details and related costs will be sent by email.
The participation fee is not refundable in any case.

Signature

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