



APPLICATION FORM:

Vaganova Academy Summer Intensive Italy

July 5-13, 2022

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?

To participate it is compulsory the covid certification (green pass from vaccine) under age 12 years.

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

Father

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Accademia di Danza La Maison de la Danse ssd
Via Fontevivo 21/N La Spezia 19125 , Italy