APPLICATION FORM - INTERNATIONAL SUMMER TRAINING PROGRAM

Last Name		First Name			Gender		□F
Place of Birth		Date of	Birth				
Address		_ City		_ State	_ Zip Code _		
Telephone	Cellular	Fa	x	E-mail			
☐Student ☐Auditor	Instrument	Teach	ner at the campus				
•	ipate in the Chamber Muserience: ☐Good ☐Little	. • .	num 8 hours per wee	k – extra cha	arge of € 200))	
•	ipate in the Orchestra pro e: □Good □Little □I	•	nances (€ 40 per wee	k)			
Lodging Preference:	Arriva	al Date	Departure Date		□ I don't	need	lodging
_	uble □triple □quadru nner □lunch&dinner □	•		the room w	vith		
Fill out and send the application narniaartsacademy@gmail.com Please include:	n form to Cristiana Pegoraro – Artis n.	tic Director, Narnia Arts A	Academy, Via Cavour 3 – 0510	00 Terni – Italy oı	r preferably by er	mail to:	
•copy of payment receipt (Bank	k transfer to: CASSA DI RISPARMIO D T/BIC: BPBAITR1 <i>Please write your r</i>				2 B062 2014 4060	0000 20	000 405 –
	tudent is a minor (find it under "app	lication" on the website)					
	study at the International Summer T lbe link with a recording of 2 concer		not to exceed 10 minutes (not	t necessary if the	applicant is alrea	ady a stu	dent of one
☐I've read and accept the to	erms and conditions listed under	"Terms and Conditions	" on the Narnia Festival / I	nternational Su	mmer Training I	Program	website
		Date					
Parent's name (if the s	student is a minor)		Parent Signat	ure			