APPLICATION FORM – MUSICAL THEATER / VOICE COURSE

Last Name		First Name		Gender	□м	□F
Place of Birth		Date of Birth				
Address	Cit	City		Zip Code		
Telephone	Cellular	Fax	E-mail_			
Type of voice						
Room: □ single	(extra charge) ☐double/triple (base	d on availability) T	would like to share the roo	m with		
I would like to p	articipate in the 🗖 postural yoga clas	sses 🗖 Italian langu	age classes			
☐ I will use the	bus service from and to the airport					
Fill out and send the to: narniaartsacade	e application form to Cristiana Pegoraro – Artist my@gmail.com.	tic Director, Narnia Arts	Academy, Via Cavour 3 – 05100 Te	erni – Italy or pre	ferably l	y email
Please include: • copy of payment re	eceipt (Bank transfer to: CASSA DI RISPARMIO E Account number: 2000 405, IBAN: IT32 B Please specify the student's name and " Applicants are responsible for all foreign Please specify with your bank that the t	3062 2014 4060 0000 200 MUSICAL THEATER PROO n bank transfer fees.	00 405 – SWIFT / BIC: BPBAITR1) GRAM" in the bank transfer.			
photocopy of I.D.bio	riease specify with your bank that the t	uition lee must be lecei	veu III Lui os.			
	tion, if the student is a minor (find it under "ap	plication" on the website	e)			
☐ I have read ar website	nd accept the terms and conditions list	ed under "Terms an	d Conditions" on the Narnia	Festival / Mu	sical Tl	neater
		Date	Signature			