APPLICATION FORM -	- MUSICAL THEATER / VOICE COL	JRSE				
Last Name	First Name		Gender	□м	□F	
Place of Birth		Date of Birth				
Address	City	City		Zip Code _		
Telephone	Cellular	Fax	E-mail_			
Type of voice		Teacher at the Nar	rnia Festival			
• ,	a charge)	•	• •			
☐ I will use the bus s	ervice from and to the airport					
Fill out and send the application by email to narniaartsacad	ation form to <b>Cristiana Pegoraro – Artisti</b> l <b>emy@gmail.com.</b>	c Director, Narnia Arts Aca	demy, Via Cavour 3 – 05100 Te	erni – Italy or pr	eferably	
<u> </u>	(Bank transfer to: CASSA DI RISPARMIO D Account number: 2000 405, IBAN: IT32 BC Please specify the student's name and "N Applicants are responsible for all foreign Please specify with your bank that the tu	062 2014 4060 0000 2000 4 NUSICAL THEATER PROGRA bank transfer fees.	05 – SWIFT / BIC: BPBAITR1)  M" in the bank transfer.			
<ul><li>photocopy of I.D.</li><li>bio</li></ul>	the student is a minor (find it under "app		III Editos.			
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☐ I have read and acco	ept the terms and conditions listed	under "Terms and Con	ditions" on the Narnia Fes	tival / Musica	l Theat	er
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