APPLICATION FORM - INTERNATIONAL SUMMER TRAINING PROGRAM

Last Name	First Name			_Gender □M □F
Place of Birth	Da	ate of Birth		
Address	City		State	Zip Code
Place of Birth Address Telephone Co	ellular	Fax	E-mail	
Student Auditor Instrumen	t	Teacher at the campus		
 I would like to participate in the Chamber music experience: 		€ 70 per week per particip	oant, minimu	m 3 participants)
 I would like to participate in the Orchestra experience: Good 		erformances (€ 70 per we	ek)	
Lodging Preference:	Arrival Date	Departure Date		□I don't need lodging
Room: 🗆 single 🛛 double 🗇 tripl Meals: 🗇 lunch 🗇 dinner 🗇 lunch			e the room wi	th
Fill out and send the application form to Cristian narniaartsacademy@gmail.com. Please include:	a Pegoraro – Artistic Director, Narnia	a Arts Academy, Via Cavour 3 – 051	00 Terni – Italy or	preferably by email to:
•copy of payment receipt (Bank transfer to: NAR	NIA ARTS ACADEMY, Account #: 2000 nio di Orvieto - Via Turati 25, 05100 T			
 •parent's authorization, if the student is a minor •A short resume •Repertoire student wishes t at +39 335 433784 or mail at narniaartsacademy 	o study at the International Summer	Training Program •A short video		
\square I've read and accept the terms and condit	ions listed under "Terms and Con	ditions" on the Narnia Festival / I	nternational Sum	nmer Training Program website
	Date	Signati	ure	
Parent's name (if the student is a m		Parent Signat	ure	

Daront's name	lif tha	ctudont	ic	a minor
Parent's name	(II LIIE	Student	15	a minu