APPLICATION FORM – IN	ITERNATIONAL SUMME	R TRAINING P	ROGRAM				
PLEASE FILL OUT WITH B	LACK INK PEN						
Last Name		First Nam	e		Gender	□м	□F
Place of Birth		Da	te of Birth				
AddressTelephone		City		State	_ Zip Code		
Telephone	Cellular		Fax	E-mail			
☐Student ☐Auditor	Instrument		Teacher at the campus_				
☐I would like to particip — Chamber music experi			80 per week per partic	ipant, minimu	m 3 partici	pants)	
☐I would like to particip — Orchestra experience:		•	rformances (€ 80 per w	eek)			
Lodging Preference:	Arriva	al Date	Departure Date		_ _ _ l don'	t need	lodging
Room: ☐ single ☐ doub NB: Check in from 12noo The final concert with or Meals: ☐ lunch ☐ dinne	on – Check out before 10 chestra is on July 28 at 9	Oam. For speci 9pm.	al needs please contact		-		
Fill out and send the application for Please include: •copy of payment receipt (Bank transfer •photocopy of I.D. •parent's authorization, if the stude •A short resume •Repertoire stat +39 335 433784 or mail at narr	ansfer to: NARNIA ARTS ACADEM assa di Risparmio di Orvieto - Via form) Hent is a minor (find it under "appudent wishes to study at the Inteliartsacademy@gmail.com (not	IY, Account #: 2000 Turati 25, 05100 Te plication" on the we ernational Summer To t necessary if the ap	405, IBAN: IT32 B062 2014 4060 rni. Write your first and last namber basite) Fraining Program • A short vide oplicant is already a student of or	0000 2000 405 – SV e, instrument and "I eo not to exceed 2 m ne of our faculty me	WIFT/BIC: BPBA Instrumental Pro Ininutes to be se Ininutes to be se	ogram" oi nt via wha	atsapp
	and containing instead winder				_		
Devente news - lift the con-	dantia a maio sol		Signa Signa	ture			
Parent's name (if the stu	dent is a minor)		Parent Signa	ature			