

APPLICATION FORM

ADMISSION TO THE PROFESSIONAL TRAINING PROGRAM AND SCHOLARSHIPS OPUS BALLET-2023/2024 AND APPRENTICESHIP COB OPUS BALLET COMPANY

NAME.....

SURNAME.....

DATE AND PLACE OF BIRTH

ADDRESS.....

POST CODE..... CITY.....

NATIONALITY.....

PHONE NUMBER.....

E-MAIL.....

CURRENT/PREVIOUS DANCE SCHOOL
(name and address)

SELECT YOUR CHOICE OF DEPARTMENT:

Department of CLASSICAL BALLET

Department of MODERN / CONTEMPORARY

APPRENTICESHIP Cob Opus Ballet Company /

PULSE PROGRAM (Contemporary dance)

SELECT WHERE YOU WOULD LIKE TO ATTEND THE AUDITION:

PLACE AND DATE

Privacy: I authorize the organization (unless disagreement is expressly declared in writing) to freely use my personal data for informational, promotional and statistical purposes pursuant to law n° 675 of 12-31-1996.

Signature (of parent or guardian for minors) _____

Candidates must fill out the application form, attaching their curriculum vitae and photo, and indicate which department they have selected and where they would like to attend the audition.

Applications may be sent to the following address by e-mail to info@opusballet.it. All applications must arrive at least 5 days before the selected audition date.