APPLICATION FORM - INTERNATIONAL SUMMER TRAINING PROGRAM - PLEASE FILL OUT WITH BLACK INK PEN

Last Name		First Name		Gender 🗖 M 🗖 F
Place of Birth		Date of Birth		
Address	Ci	City CellularFax		Zip Code
Telephone	Cellular	Fax	E-mail_	
	· Instrument 20 − □ Week July 21 - July 27.		ampus	
	cipate in the Chamber Music pl erience: dGood dLittle		er participant, minimu	um 3 participants)
•	cipate in the Orchestra program ce: □Good □Little □None	• •	0 per week)	
I would like to book	a practicing piano/keyboard (€	80 per week, 2-3 hours	per day)	
Lodging Preference: _	Arrival Da	teDepartu	re Date	🗖 I don't need lodging
NB: Check in from 12r The final concert with Meals: I lunch I dir Fill out and send the applicatio Please include: • copy of payment receipt (Ban Ban tran • photocopy of I.D. • parent's authorization, if the • A short resume • Repertoir	puble Itriple Iquadruple noon – Check out before 10am. orchestra is on July 27 at 9pm. oner Iunch & dinner Iunch & dinner Ido n form to Cristiana Pegoraro – Artistic Dire k transfer to: NARNIA ARTS ACADEMY, Accordite k: Cassa di Risparmio di Orvieto - Via Turati <i>isfer form</i> . student is a minor (find it under "application e student wishes to study at the Internation narniaartsacademy@gmail.com	For special needs please on't need meals ector, Narnia Arts Academy, by em bunt #: 2000 405, IBAN: IT32 B062 25, 05100 Terni. <u>Write your first ar</u> n" on the website) hal Summer Training Program	Contact <u>narniaartsaca</u> ail to: namiaartsacademy@gr 2014 4060 0000 2000 405 – S ad last name, instrument and f	ademy@gmail.com. mail.com. WIFT/BIC: BPBAITR1 <i>(Instrumental Program" on the</i>
□I've read and accept the t	erms and conditions listed under "Term			
Parent's name (if the s	student is a minor)	Pare	ent Signature	