APPLICATION FORM - NARNIA FLAMENCO

Last Name	First Name			Gender 🗖 M 🗖 F
Place of Birth		Date of Birth		
Address	City		State	Zip Code
Telephone	Cellular	Fax	E-mail	
Level: ☐Beginner ☐I	ntermediate / Advanced			
Lodging Preference:	Arrival Date	Departu	re Date	□I don't need lodging
Room: □single □doubl	e □triple □quadruple □	J quintuple I would like	e to share the room wi	th
Meals: □lunch □dinne	r □lunch & dinner □I don	t need meals		
Fill out and send the application for narniaartsacademy@gmail.com.	rm to Cristiana Pegoraro – Artistic Direct o	or, Narnia Arts Academy, Via Ca	vour 3 – 05100 Terni – Italy or b	y email to:
Account	nsfer to: CASSA DI RISPARMIO DI ORVIETO number: 2000 405, IBAN: IT32 B062 2014 BIC: BPBAITR1)	· · · · · · · · · · · · · · · · · · ·		
Please write your name and Narnia	Flamenco on the payment receipt.			
☐I've read and accept th	e terms and conditions listed	on the Narnia Arts Aca	demy / Flamenco webs	iite
	Dat	e	Signature	