APPLICATION FORM

ADMISSION TO THE PROFESSIONAL TRAINING PROGRAM
AND SCHOLARSHIPS OPUS BALLET 2026/2027
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 ☐

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) _____