# **Prague Summer Ballet Workshop 2024Application Form**

### **Participant Information:**

First Name:

Last Name (Family Name):

E-mail Address:

Phone Number with International Dialing Code (+000 123 456 789):

Country/State/City:

Age (Years):

Gender (Female/Male):

Ballet Experience or Information About Your Dance School:

Any Health Restrictions or Conditions Instructors Should Be Aware Of:

Brief CV/Information About Yourself:

### **Workshop Details:**

Desired Workshop Duration (Select One):

*Leave the checkmark (✓) next to your chosen option and delete the checkmarks ( ) from the other options.*

 (**✓**) 1-week workshop

 (**✓**) 2-week workshop

### **Parent/Guardian Information:**

First Name:

Last Name (Family Name):

E-mail Address:

Phone Number with International Dialing Code (+000 123 456 789):

Will the Parent(s) Accompany the Participant to Prague?
*Leave the checkmark (✓) next to your chosen option and delete the checkmarks ( ) from the other options.*

(**✓**) Yes, accompanying for the entire duration (1 or 2 weeks) WITH participating in the parent's workshop program.

(**✓**) Yes, accompanying for the entire duration (1 or 2 weeks) BUT WITHOUT participating in the workshop program.

(**✓**) No, the participant will attend independently.

(**✓**) Other (please specify):

After completing this document, please save it and submit it via the application form on our website.
Thank you!