



Professional School

Audition Request

Name and Surname.....

Place and date of birth

Nationality

Weight Height

How many years have you been studying balletHow many lessons do you do per week

Any auditions passed

School and teacher of origin

Which high school do you attend and what class

ART. 1 - The student declares under his own responsibility that he is in possession of a medical certificate of psychophysical fitness for the sport he intends to practice, relieving Balletto di Verona, the teacher and the persons in charge of any civil and criminal liability.

ART. 2 – Balletto di Verona declines all responsibility for damage to persons and / or property that may occur during the audition, whether suffered or caused by people participating in the lesson.

ART 3 – Balletto di Verona is authorized to provide personal data (art. 11 of law 675/96 on privacy)

Student's signature

in the case of a minor under 18, signature of a

Name and Surname of a parent

Parent telephone number

Email.....

Address.....

Postal Code, City and Province

Balletto di Verona a. s. d.

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