

APPLICATION FORM

School/studio name _____

Candidate's name and surname/Dance group name* _____

To be filled in by **soloists** only:

Primary/secondary* ballet school grade: _____

Place of birth/town/country _____

Date of birth _____

Address and phone number: _____

E-mail address: _____

Please strikethrough (cross out) the superfluous information

Class of (the teacher's name) _____

Teacher's phone number: _____

Circle the competition category you apply for:

SOLO VARIATIONS DUET AND GROUP DANCE CONTEMPORARY DANCE

Ballet studio from 4 to 7 years, from 7 to 11 years, from 11 to 15 years,
over 15 years

* In case you are applying for a dance group, you need to send the full list of all participating candidates to Amadeus music school.

Programme:

1. _____ minutes

2. _____ minutes

3. _____ minutes

Date of application: _____

ПРИЈАТЕЉИ ФЕСТИВАЛА:



KULTURNI
CENTAR
BEOGRADA

