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# **Prague Summer Ballet Workshop 2025Application 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:

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### **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

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

(**✓**) Other (please specify):

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