



# BAROQUE ACADEMY 2012

## PARTICIPATION FORM FOR THE WORKSHOPS P

### PERSONAL INFORMATION

FIRST NAME:

LAST NAME:

DATE OF BIRTH:

### CONTACT INFORMATION

MOBILE NO.:

LANDLINE NO.:

FAX NO.:

E-MAIL:

### ADDRESS FOR CORRESPONDENCE

STREET:  HOUSE NUMBER:

POST CODE:  CITY:

### PARTICIPATION IN WORKSHOPS SO FAR:

### PROFESSIONAL CV

Confirmation of participation in the final presentation / indicate where applicable with an "X"

YES  / NO

If you have confirmed your participation in the final presentation, please prepare a suitable costume for yourself.

PARTICIPANT'S SIGNATURE\*\*

\* The Organizer reserves the right to introduce changes to the programme of the event.

\*\* Sending this form is tantamount to accepting the Rules. The Baroque Academy Rules are also available at [www.cracoviadanza.pl](http://www.cracoviadanza.pl) in the Baroque Academy section.



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