

Audition for Russian Ballet Schools 26th March 2019

No.	Date of application:				(Date / Month / Year)		
NAME	First name	Middle name	Last name	e	Male	•	Female
Н	eight cm		m	Weight		kg	
Date of birth				age	ā	as of the	26 Mar. 2019
Contact address	Post code:			Tel			
				FAX			
				E-mail			
Applicant mobile phone				E-mail 1			
Parent mobile phone				E-mail 2			
Ballet school information	Name			TEL			
	Address			FAX			
Name of teacher				E-mail			
Are you going to attend PIBC competition?				□Yes			□No
Which ballet sch Novosibirsk Ba	•	terested in? : Ufa Ballet School	□ Vaganova Ba	llet Academy	/ 🗆 Bolsho	oi Ballet	t Academy
The audition is h Do you agree to □ Agree □ Not sure / rea	join one of th	_					
Signature			Parent signature		_		

- •Please send this application by e-mail on PDF format.
- •Each applicant has to fill this application.
- •After receiving your application, we will send you the invoice.
- ·We cannot give you a refund !!

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