

APPLICATION FORM

**FESTIVAL
INTERNA
ZIONALE
DEL
TEATRO**
E DELLA SCENA CONTEMPORANEA

TOWARDS DOCUMENTARY CHOREOGRAPHY

The workshop is aimed at authors and makers of theatre, dance, performance

Field of work:

theatre ☐ dance ☐ performance ☐

Name.....

Surname.....

Date of birth.....

Full address.....

Country

Mobile phone

E-mail address.....

Profession.....

Source from which you found out about the workshop.....

I hereby guarantee my presence for the whole duration of the workshop
(6/7/8 October 10.00 – 13.00 / 14.00 – 17.00)

Date

Signature