



Carangelo Academy
International Voice Academy

APPLICATION FORM

Which course/s are you applying for

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- | | |
|---|---|
| <input type="checkbox"/> active participant (only the courses) | <input type="checkbox"/> active participant (incl. the courses, Accommodation, half pension) |
| <input type="checkbox"/> passive participant (only the courses) | <input type="checkbox"/> passive participant (incl. the courses, Accommodation, half pension) |

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	
Last Name			First Name

Date of birth DD/MM/YY	Nationality
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Address	Post Code City Country
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Telephone/Mobile	E-mail Address
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Voice type	preferred language communication
<input type="checkbox"/> soprano <input type="checkbox"/> mezzosoprano	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Italian
<input type="checkbox"/> tenor <input type="checkbox"/> baritone	<input type="checkbox"/> German <input type="checkbox"/> Japanese <input type="checkbox"/> Danish
<input type="checkbox"/> bass	<input type="checkbox"/> I enclose a receipt of the application fee

Education
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Please list some performances you may have done (where, when, with whom)
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How did you hear about the Carangelo Academy?
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Date	Signature
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