MASTERCLASS APPLICATION

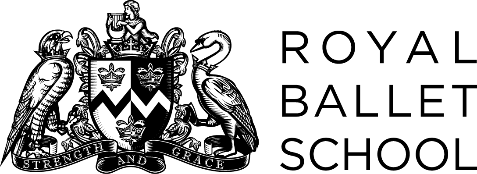
**RBS/VIVA-DANÇA Porto 2020**

***Viva-Dança Porto Masterclass:1stNovember 2020 –*** *to apply, please print out and complete this form using BLOCK CAPITALS throughout.*

*Return your completed form administration fee to* [*info@vivadancaconvention.com*](mailto:info@vivadancaconvention.com)

Last Name/Family Name: ………………………………………………………………………….............................................

First Name(s) ………………………………………………………………………………………………………………………………………..…

1. APPLICANT’S NAME

|  |  |
| --- | --- |
| Day Month Year | F  M  Gender    PLEASE CIRCLE |

2 DATE OF BIRTH

1. AGE APPICANT WILL BE ON 1 NOVEMBER 2020

Years Months

1. ADDRESS

Please send email correspondence to:  **□** Parents(s) **□** Guardian *PLEASE TICK*

Parent/Guardian Title:…………. Initials:…………. Last Name:…………………………………………………………

Email (print clearly)……………………………………………………….........................................................................

*Correspondence will be emailed to Parent(s) or Guardian at this address.*

Parent/Guardian Main Contact Telephone Number……………………………………………...

Parent/Guardian Mobile Phone Number…………………………………………………………….......

Applicant’s Home Address:……………………………………………………………………….........................................

...........................................…………………………………………………………………………..........................................

Town…………………………………………………………. County…………................................................................

Postcode…………………………………………….. Country…...........................................................................

5 APPLICANT’S PARENTS / LEGAL GUARDIANS

|  |  |
| --- | --- |
| **FATHER of Applicant** | **MOTHER of Applicant** |
| Full Name:…………………………………………………………………..  (Please include Title e.g. Mr. Dr. Prof. etc.) | Full Name:………………………………………………………………………  (Please include Title e.g. Mrs. Ms. Dr. Prof. etc.) |

1. DANCE SCHOOL *currently attended*

Name of Dance School:.............................………………………………………………………………………….................................................................

Town/City:……………………………………...…………………….. Country:………………………………………………… Zip/Postcode:…...........................

Name of Dance Teacher:.............................…………………………………………………………………………................................................................

(Please include Title e.g. Mr/Mrs/Ms. Dr. Prof. etc.)

1. MASTERCLASS

11-12 years **□** 16+ years **□**

13-15 years**□**

8 PAYMENT METHOD

The Royal Ballet School or Viva-Dança will not be held responsible for any damage or injury, however caused, to any person attending a masterclass, nor the loss of any property.

Send application to:

Masterclass Fee: **€25 – non-refundable**

Payment Method: **Bank Transfers are preferred. Please see below for details:**

TW account holder

Ultimate Dance Productions Ltd

Bank code (SWIFT/BIC)

TRWIBEB1XXX

IBAN

BE89 9671 5511 4985

**SIGNATURE OF PARENT OR LEGAL GUARDIAN**:……………………………….............................................. DATE:........................