



# DANCE OPEN

## INTERNATIONAL BALLET FESTIVAL

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### QUESTIONNAIRE FORM

Name, Last Name: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ г.

Your Profession: \_\_\_\_\_

Organization/Ballet School: \_\_\_\_\_

\_\_\_\_\_

Address (incl. postal code): \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_, Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

How do You know about «DANCE OPEN» festival: \_\_\_\_\_

\_\_\_\_\_

Your Level of Training: Low \ Middle \ Professional

Date: \_\_\_\_\_ Signature: \_\_\_\_\_