



XI International Ballet Festival

DANCE OPEN


CORINTHIA
HOTEL
ST PETERSBURG



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QUESTIONNAIRE FORM

Name, Last Name: _____

Date of Birth: ____/____/____ (dd/mm/yyyy).

Your Profession: _____

Organization/Ballet School: _____

Address (incl. postal code): _____

Telephone: _____, Fax: _____

E-mail: _____

How did You know about «DANCE OPEN» festival: _____

Your Level of Training: Low \ Middle \ Professional

Date: _____ Signature: _____