



**APPLICATION TO THE 2018/2019 ZOFY VOCATIONAL COURSE**

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

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Postal address: \_\_\_\_\_

Email address: \_\_\_\_\_

I DECLARE THAT I HAVE CAREFULLY READ AND ACCEPT THE FULL TUITION COST, (ONE FULL YEAR), SCHEDULE, CONDITIONS AND RULES OF THE ZOFY CIRCUS SCHOOL. NEXT COURSE BEGINS IN AUGUST 2018.

- I participate to one of the 2 days audition scheduled on APRIL 17th and 18th 2018 from 9am to 5pm
- Selections are over / I am unable to participate to selection days, I am therefore sending you a DVD or video link demonstrating my abilities.

Place and date :

Signature :