**Application for admission to the children's studio of the Astana Opera Theatre**

**BALLET DEPARTMENT (children's ballet studio)**

|  |  |  |
| --- | --- | --- |
| 1 | Child’s full name |  |
| 2 | Parent’s full name |  |
| 3 | Child’s age |  |
| 4 | A shift at school |  |
| 5 | Phone number of parent/legal representative |  |

Send the completed application form\* to the e-mail address kids.astanaopera@gmail.com.

\*file in word format should be saved under the name "Application Children's Ballet Studio Surname (child's)"