

REGISTRATION FORM

AY 2025-2026

Name

Surname

Date/Place of birth

Italian Tax Code

Residence Address

Street Street No.

Town

Postcode

Country

Academic qualification

Email

Telephone

I, the undersigned, request to apply for the course:

☐ ADVANCED TRAINING FOR OPERA SINGERS

☐ STAGE MANAGER / ASSISTANT STAGE DIRECTOR

Please send the completed registration form to info@piccolofestival.org with a copy of the following documents: a valid identity document, Italian health insurance card, a digital photograph and any other attachments required by the Call for applications relating to your qualifications.

Date

Signature



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PALAZZO STRASSOLDI
PIAZZA SANT'ANTONIO, 2
34170 GORIZIA

TEL. +39 389 029 5464
INFO@PICCOLOFESTIVAL.ORG
PICCOLOFESTIVAL.ORG

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