



for payment:

APPLICATION FORM

Dance challenges at I	Fronta; Slovenia,	Murska Sobota, 24 – 28	3 August 2011
Name and Surname:		Year of	f birth <u>:</u>
Address (street, post code	e, city) <u>:</u>		
Phone:	E-mail <u>:</u>		
PROGRAMME (circle th	e selected courses	s):	
Maja Kalafatić: Yoga		Joan van der Mas	st: Modern dance
	Saša Lončar: Children - dance	s' Dance Creativity teacher workshop	
M. M. Riviere (Decalage): Fu	sion workshop	Sinja Ožbolt: Choreogi - Words dance / Liter	
Date:		Signature:	
	PAYER INFORM	ATION (circle):	
Myself		Institution / school / otl	her
Institition/school/other:			
Address (street, post code	e, city) <u>:</u>		
Phone:	Fax:	E-mail:	
Tax number:		Amount:	EUR
Date:	Seal:	Signature of pe	rson responsible