

# REGISTRATION FORM

AY 2024-2025

Name .....  
Surname .....  
Date/Place of birth .....  
Italian Tax Code .....

## Residence Address

Street ..... Street No. ....  
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Academic qualification .....  
Email .....  
Telephone .....

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

**ADVANCED TRAINING FOR OPERA SINGERS / MALE VOICES**

Please send the completed registration form to [info@piccolofestival.org](mailto: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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