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PÁTRIA AMADA BRASIL

SELECTION PROCESS for the PROFESSIONAL TRAINING COURSE At NATIONAL CIRCUS SCHOOL BRAZIL - 2019/2021

REGISTRATION FORM

Registration number:		_(FOR INT	ERNAL USE ONL	Y)	
Name:					
Birth date:			Age:	Gend	ler:()M or()F
Mother name :					
Father name:					
ID document or Passport No.:				date of iss	sue :
Address:					
Complement:					
Neighbourhood :				Postal Code:	
City:		State:			
Phone number:	Cell phone:				
E-mail:			Weight:		Height:
Education: () Secondary School () Bachelor Degree () Master or PhD					
Family income (per year):					

Please insert two full body photos, in front view and side view. You must be wearing training/workout clothes.

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INSERT FRONT VIEW PICTURE	INSERT SIDE VIEW PICTURE	



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INFORMATIVE QUESTIONNAIRE

Describe, briefly, the most relevant experiences you have had that are directly or indirectly related to the Circus Arts, including dates.

Indicate in which groups of circus techniques you are interested in. For instance: flying trapeze, handstands, Chinese pole.

Briefly describe why you wish to study circus arts at National Circus School - Brazil.



CHECKLIST OF DOCUMENTS FOR REGISTRATION:

Foreign Nationals:

- () Copy of ID document or Passport;
- () DVD or link to video containing specific skills described in Annex 1;

I declare to the appropriate purposes that I agree with all the rules established by this public call and that all the information provided is true.

Place

Month

Day

_____ 2019.

SIGNATURE

PLEASE DO NOT WRITE IN THE SPACE BELOW / FOR INTERNAL USE

TRIAGEM (nãopreencher – para uso interno da Funarte)				
Nome do membro da Comissão de Habilitação:	Matrícula:			
Data:	Assinatura:			
Situação da inscrição				
() HABILITADO () IN) HABILITADO () INABILITADO			
Motivo da inabilitação (quando for o caso):				