

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

**REGISTRATION FORM**

Registration number: _____ (FOR INTERNAL USE ONLY)			
Name:			
Birth date:	Age:	Gender: ( ) M or ( ) F	
Mother name :			
Father name:			
ID document or Passport No.:		date of issue :	
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.

<p>INSERT FRONT VIEW PICTURE</p>	<p>INSERT SIDE VIEW PICTURE</p>
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**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.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 2019.  
Place                      Day                      Month

\_\_\_\_\_  
SIGNATURE

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

<b>TRIAGEM</b> (não preencher – para uso interno da Funarte)	
Nome do membro da Comissão de Habilitação:	Matrícula:
Data:	Assinatura:
Situação da inscrição (        ) HABILITADO                      (        ) INABILITADO	
Motivo da inabilitação (quando for o caso):	