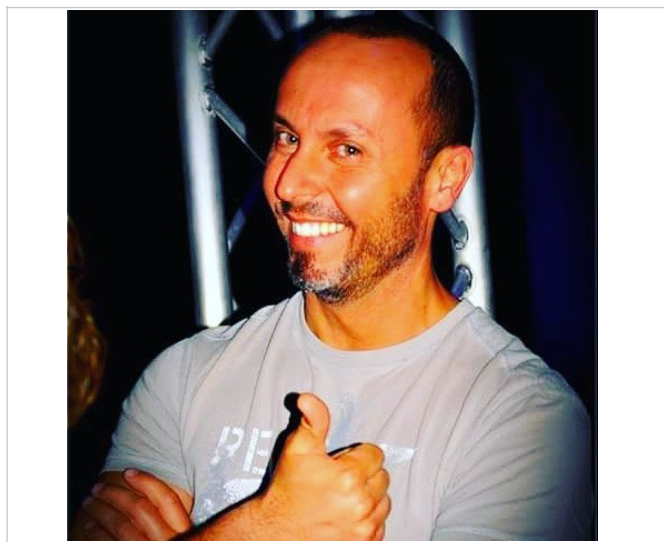


Registration form

Name and Surname

Artistic competence eg: Actor / Director / Dance / Poet / etc ...



Height (cm)	
Eyes Color	
Birthday	
Live in	
Other Domicile	
Native Languages	
Other known Languages	
Other Languages fluently	
Cellphone number	
E-mail	

SPOT

Year	Title	Direction

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THEATRE

Year	Title	Direction

SHORT FILM

Year	Title	Direction	

FORMAZIONE

Year	Title	Direction	

SKILLS

Evaluation for your personality

Dialects/Accents	
Sport/Martials/Dance	
Particularity	
Sing Sign Language	

Please choose es:Theatre or Dance or...



Year **Title** **Direction**

Please choose es:Theatre or Dance or...

Year **Title** **Direction**

Please choose es:Theatre or Dance or...

Year **Title** **Direction**

SIGNATURE

Poli Claudio