



Miriam Di Fiore

ART GLASS STUDIO

APPLICATION FORM 2020

COMPLETE AND SEND TO: *miriamdifiore@gmail.com*

COURSE TITLE & DATE:

NAME:

ADDRESS (street, city, postal code, country):

.....

E-MAIL:

PHONE:

CELL PHONE NUMBER, IF YOU WILL TAKE IT WITH YOU COMING HERE:.....

DATE AND PLACE OF BIRTH, FOR ITALIAN FISCAL REASONS, I HAVE TO WRITE IT IN MY INVOICE:

.....

.....

.....

WOULD YOU LIKE TO SIGN UP FOR COOKING LESSONS?

.....



HOUSING PREFERENCES (Choose from Class description document between Option 1, 2, 3, 4 or 5):

First choice: Option 1-A Option 1-B Option 2 Option 3 Option 4 Option 5-A Option 5-B

Second choice: Option 1-A Option 1-B Option 2 Option 3 Option 4 Option 5-A Option 5-B

NOTE: fee includes free activities and meals, which **will not be** deducted from price in case student doesn't participate.

WE WOULD LIKE YOU TO INCLUDE IN YOUR E-MAIL, IF IT IS POSSIBLE:

- A digital photo (low definition) of one of your recent works
- A brief description of your experience in glass
- A brief description of your expectations for the course

PLEASE WRITE SPECIAL FOOD NEEDS (DIET, ALLERGIES OR OTHER):

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PLEASE, MARK ALSO ANY FOOD YOU DON'T LIKE TO EAT FROM THE FOLLOWING LIST:

Seafood (please, specify):

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Egg | <input type="checkbox"/> Fish | <input type="checkbox"/> Pork | <input type="checkbox"/> Beef |
| <input type="checkbox"/> Lamb | <input type="checkbox"/> Rabbit/Hare | <input type="checkbox"/> Chicken | <input type="checkbox"/> Turkey |
| <input type="checkbox"/> Cow Milk Cheese | <input type="checkbox"/> Sheep Milk Cheese | <input type="checkbox"/> Goat Milk Cheese | <input type="checkbox"/> White Flour |
| <input type="checkbox"/> Corn Flour | <input type="checkbox"/> Cereals | <input type="checkbox"/> Fruit | |
| <input type="checkbox"/> Olives | <input type="checkbox"/> Capers | <input type="checkbox"/> Pickles | |
| <input type="checkbox"/> Other Vegetables: | | | |