

APPLICATION FORM

THE PSYCHOLOGICAL GESTURE

MICHAEL CHEKHOV EUROPE INTERNATIONAL SUMMER ACADEMY
JULY 2024

Name:	
Age:	
Street address:	
City:	
Postal code:	
Country:	
Phone:	
Email:	
Educational/artistic experience:	
Experience in the Michael Chekhov Technique:	

I wish to register for the

**Michael Chekhov International Summer Academy
THE PSYCHOLOGICAL GESTURE**

I shall pay:

€ 400, -- before July 15th

to the following account:

**STUDIOCHEKHOV CROATIA
HR8023600001102563883
SWIFT: ZBAHR2X
“2024, Groznjan”**

The organizers are not responsible for any claims regarding loss or theft of valuables, or in cases of accidents or illness. I accept that I must take care of my insurances, because the organizers will not insure participants.

Date: _____ **Signature:** _____

I wish to receive accommodation assistance for the dormitory.

Email this form to

studiochekhov.zagreb@gmail.com

THANK YOU!