BULLETIN D'INSCRIPTION
Académie d'été 2025

OPERA SINGING

🟥 **Amator : from July 2nd, 2025, to July 7th, 2025 - Workshop fee : €925 including taxes**

🟥 **Advanced or professional 1 : from July 11th, 2025, to July 17th, 2025 - Workshop fee: €995 including taxes**

🟥 **Advanced or professional 2 : from July 21th, 2025, to July 27th, 2025 - Workshop fee: €995 including taxes**

A €300 scholarship will be awarded by the Chéronne Festival to participants in advanced and professional-level courses. Participants must be under 30 years of age and not eligible for external funding (Afdas, France Travail, etc.). Candidates will be selected based on an audition. Applicants are invited to apply by email to Raphaël Sikorski.

Name..

First Name..

Nationality...

Date of Birth..

Address...

Phone Number...

Email Address..

 Documents to be included with your registration :

• A Curriculum Vitae or a short biography presenting your experience for beginners.

• The list of the repertoire you intend to work on during the workshop.

• A deposit check of €395 made payable to : "Festival de la Chéronne".

The deposit is non-refundable in case of cancellation by the participant. The remaining balance must be settled two weeks before the start of the workshop. The full workshop fee is due in case of cancellation less than 2 weeks before the start of the workshop. The association reserves the right to cancel the workshop in the event of circumstances beyond its control. The association will refund the amounts paid, excluding any other compensation. An early departure during the workshop will not be eligible for any refund. The Chéronne Festival reserves the right to use any photographs or recordings that may be taken for promotional purposes. The participant certifies by this agreement to have liability insurance. Only complete applications will be considered. Acceptance will be based on availability. All applications will be subject to approval by Raphaël Sikorski.

Application to be sent to: **Cours Raphael Sikorski (Chéronne Festival) 7 Rue Saint Senoch, 75017 Paris. France**

Done at : …………………………. On : …………………………… Signature preceded by the mention "Read and approved":