



Spoleto Arts Symposia Cooking

APPLICATION FORM

Please complete this application form and send it to:

The Spoleto Arts Symposia
C.J. Everett, Executive Director
760 West End Avenue suite 3A
New York, NY 10026

Phone/Fax: 212-665-3544

Full name: _____
Sex: _____ Pen name or Nickname: _____
Mailing Address: _____
Street: _____
City: _____ State: _____ Zip: _____
Country: _____

Mailing Address is valid until: _____

Daytime Phone Number: _____
Evening Phone Number: _____
E-mail Address: _____

Date of Birth: _____ Age: _____

Citizenship: _____
If not a U.S. citizen, visa type: _____
First Language: _____

Please briefly describe your experience and interests in cooking:

Please briefly discuss your goals for this culinary workshop - what you would hope to accomplish.

I would like to participate in Italian language classes and believe my level to be:
 Beginning Intermediate Advanced