

APPLICATION FORM SOLOISTS CATEGORY

NAME AND SURNAME DANCER _____

PLACE AND DATE OF BIRTH _____

ADDRESS _____

COUNTRY _____ POSTAL CODE _____ PROV. _____

TELEPHONE NUMBER _____

MOBILE NUMBER _____

E-MAIL _____

SCHOOL'S NAME _____

ADDRESS _____

E-MAIL _____

SCHOOL'S CONTACT _____

SOLOISTS CATEGORY CLASSICAL

CHILDREN

STUDENTS

JUNIORS

SENIORS

SOLOISTS CATEGORY MODERN

CHILDREN

STUDENTS

JUNIORS

SENIORS

TITLE _____

CHOREOGRAPHER _____

TITLE OF THE SONG _____ DURATION _____

PAYMENT	REGISTRATION	€ 15,00
	CATEGORY	€ _____
	TOTAL	€ _____

I DECLARE THAT I HAVE READ AND AGREE TO THE RULES OF THIS CONTEST.
THE CANDIDATE TO AUTHORIZE THE ORGANIZATION USE FREELY the bow IMAGE, AND THE PERSONAL DATA, A PROMOTIONAL PURPOSES,
AND STATISTICAL INFORMATION UNDER THE LAW N ° 675 OF 31/12/1996.

SIGNATURE

DATE

APPLICATION FORM DUET CATEGORY

NAME AND SURNAME 1ST DANCER _____

PLACE AND DATE OF BIRTH _____

ADDRESS _____

COUNTRY _____ POSTAL CODE _____ PROV. _____

TELEPHONE NUMBER _____

MOBILE NUMBER _____

E-MAIL _____

NAME AND SURNAME 2ND DANCER _____

PLACE AND DATE OF BIRTH _____

ADDRESS _____

COUNTRY _____ POSTAL CODE _____ PROV. _____

TELEPHONE NUMBER _____

MOBILE NUMBER _____

E-MAIL _____

SCHOOL'S NAME _____

ADDRESS _____

E-MAIL _____

SCHOOL'S CONTACT _____

SOLOISTS CATEGORY CLASSICAL CHILDREN STUDENTS JUNIORS SENIORS

SOLOISTS CATEGORY MODERN CHILDREN STUDENTS JUNIORS SENIORS

TITLE _____

CHOREOGRAPHER _____

TITLE OF THE SONG _____ **DURATION** _____

PAYMENT	REGISTRATION	€ 15,00
	CATEGORY	€ _____
	TOTAL	€ _____

I DECLARE THAT I HAVE READ AND AGREE TO THE RULES OF THIS CONTEST.
THE CANDIDATE TO AUTHORIZE THE ORGANIZATION USE FREELY the bow IMAGE, AND THE PERSONAL DATA, A PROMOTIONAL PURPOSES,
AND STATISTICAL INFORMATION UNDER THE LAW N ° 675 OF 31/12/1996.

SIGNATURE

DATE

APPLICATION FORM GROUPS CATEGORY

NAME AND SURNAME CHOREOGRAPHER _____

PLACE AND DATE OF BIRTH _____

ADDRESS _____

COUNTRY _____ POSTAL CODE _____ PROV. _____

TELEPHONE NUMBER _____

MOBILE NUMBER _____

E-MAIL _____

SCHOOL'S NAME _____

ADDRESS _____

E-MAIL _____

SCHOOL'S CONTACT _____

CATEGORY CHILDREN JUNIORS SENIORS

DISCIPLINA CLASSICAL MODERN/ MODERN JAZZ/ CONTEMPORARY

TITLE _____

CHOREOGRAPHER _____

TITLE OF THE SONG _____ DURATION _____

NUMBER OF DANCERS _____

PAYMENT	REGISTRATION	€ 15,00
	CATEGORY	€ _____
	TOTAL	€ _____

I DECLARE THAT I HAVE READ AND AGREE TO THE RULES OF THIS CONTEST.
THE CANDIDATE TO AUTHORIZE THE ORGANIZATION USE FREELY the bow IMAGE, AND THE PERSONAL DATA, A PROMOTIONAL PURPOSES,
AND STATISTICAL INFORMATION UNDER THE LAW N ° 675 OF 31/12/1996.

SIGNATURE

DATE

APPLICATION FORM HIP HOP GROUPS CATEGORY

NAME AND SURNAME CHOREOGRAPHER _____

PLACE AND DATE OF BIRTH _____

ADDRESS _____

COUNTRY _____ POSTAL CODE _____ PROV. _____

TELEPHONE NUMBER _____

MOBILE NUMBER _____

E-MAIL _____

SCHOOL'S NAME _____

ADDRESS _____

E-MAIL _____

SCHOOL'S CONTACT _____

CATEGORY UNDER 16 OVER 16

TITLE _____

CHOREOGRAPHER _____

TITLE OF THE SONG _____ DURATION _____

NUMBER OF DANCERS _____

PAYMENT	REGISTRATION	€ 20,00
	TOTAL	€ _____

I DECLARE THAT I HAVE READ AND AGREE TO THE RULES OF THIS CONTEST.
THE CANDIDATE TO AUTHORIZE THE ORGANIZATION USE FREELY the bow IMAGE, AND THE PERSONAL DATA, A PROMOTIONAL PURPOSES,
AND STATISTICAL INFORMATION UNDER THE LAW N ° 675 OF 31/12/1996.

SIGNATURE

DATE

The following self-declaration shall replace: birth certificate, parental authorisation and medical certificate.

MINORS' SELF-DECLARATION

I
parent of the student.....
I authorize my son/daughter to take part in “Concorso Internazionale DANZAFIRENZE 2018”.
Furthermore, aware of the responsibility and the penalties for false declaration (art. 26, L. 4.1.1968, n. 15 ed art. 76, DPR 28.12.2000, n. 445)

STATE

under my responsibility
that my son/daughter is born the

and he/she poses no clinical signs of discharge on going or pre-existing.

Yours faithfully

Place and date

Signature

The following self-declaration shall replace: birth certificate, parental authorisation and medical certificate.

FULL AGE'S SELF-DECLARATION

I
aware of the responsibility and the penalties for false declaration (art. 26, L. 4.1.1968, n. 15 ed art. 76, DPR 28.12.2000, n. 445)

STATE

that I was born in the.....
and that I pose no clinical signs of discharge on going or pre-existing.

Yours faithfully

Place and date

Signature
