



**APPLICATION FORM  
SOLOISTS CATEGORY**

**NAME AND SURNAME DANCER** \_\_\_\_\_

PLACE AND DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE 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** \_\_\_\_\_

<b>PAYMENT</b>	REGISTRATION	€ 15,00
	CATEGORY	€ _____
	<b>TOTAL</b>	€ _____

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 and TRIO CATEGORY

NAME AND SURNAME 1ST DANCER \_\_\_\_\_

PLACE AND DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

NAME AND SURNAME 2ND DANCER \_\_\_\_\_

PLACE AND DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

NAME AND SURNAME 3° DANCER \_\_\_\_\_

PLACE AND DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

SCHOOL'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

SCHOOL'S CONTACT \_\_\_\_\_

DUET CATEGORY CLASSICAL  CHILDREN  STUDENTS  JUNIORS  SENIORS

DUET 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 \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

SCHOOL'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

SCHOOL'S CONTACT \_\_\_\_\_

GROUPS CATEGORY CLASSICAL

CHILDREN

STUDENTS

JUNIORS

SENIORS

GROUPS CATEGORY MODERN

CHILDREN

STUDENTS

JUNIORS

SENIORS

TITLE \_\_\_\_\_

CHOREOGRAPHER \_\_\_\_\_

TITLE OF THE SONG \_\_\_\_\_ DURATION \_\_\_\_\_

NUMBER OF DANCERS \_\_\_\_\_

<b>PAYMENT</b>	REGISTRATION	€ 15,00
	CATEGORY	€ _____
	<b>TOTAL</b>	€ _____

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 2020”.**

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

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