

DOC 1

BY EMAIL + POST

REGISTRATION SCHOOL with acceptance of rules of CONCORSO PICCOLI TALENTI 2024
 a form for each school - fill in the fields and save the file with the NAME OF THE SCHOOL before sending

School's name _____

Address _____

telephon _____

V.A.T. ID. _____

e-mail _____

Name and Surname of legal representant _____

	SURNAME and Name	Date of birth	CHALL. "X"
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	SURNAME and Name	Date of birth	CHALL. "X"
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1

NUMBER OF CHALLENGERS ____ X 15 € = ____

Name of group leader _____

mobile phone _____

By signing this form, I declare under my sole responsibility that all the data of the aforementioned dancers are accurate, that each of them is physically fit to practice dance certified by a doctor and that the related documentation can be exhibited on request. I release Areadanza from any responsibility regarding damages of any entity caused or suffered by my associates, assuming them in full.

ATTACHED BY POST

- COPY OF MY ID/PASSPORT
- FOR EACH DANCER: Form 3
- RECEIPT OF PAYMENT with purpose: **name of the school - Piccoli Talenti 2024**, made by bank transfer to the bank account BIC/SWIFT code: BAPPIT21T03 and IBAN: IT93R0503413903000000002249 of Cassa Risparmio Pisa Lucca and Livorno, in the name of Areadanza. The amount will not be refunded in any way for defections or waivers not attributable to the organization).

Date and place _____

Signature _____

Stamp _____