



DANCE COMPETITION REGISTRATION FORM

Fill in a form for each Choreography
(PLEASE WRITE IN BLOCK CAPITALS AND FILL IN EVERY LINE)

DANCE SCHOOL'S NAME _____

ADDRESS _____

CITY AND NATION _____

TEL _____

FISCAL CODE _____

VAT NUMBER _____

EMAIL _____

IS THE SCHOOL REGISTERED WITH A SPORTS PROMOTION COMPANY RECOGNIZED BY ITALIAN CONI? (specify yes or not) _____

If yes INDICATE THE NAME _____

NAME and SURNAME OF THE LEGAL REPRESENTATIVE OF THE SCHOOL

TITLE CHOREOGRAPHY _____

DURATION _____

NAME OF THE CHOREOGRAPHER (EVEN IF REPERTOIRE) _____

TITLE OF MUSIC _____

AUTHOR OF THE MUSIC _____

COMPANION DETAILS:

1. NAME AND SURNAME _____

PHONE _____

2. NAME AND SURNAME _____

PHONE _____

TITLE CHOREOGRAPHY _____

1ST SECTION CLASSIC-NEOCLASSIC-REPERTORY-CHARACTER

(CHECK THE CORRESPONDING BOXES)

<input type="checkbox"/>	SOLOIST	<input type="checkbox"/>	BABY (7/10 YEARS)
<input type="checkbox"/>	PAS DE DEUX/DUO	<input type="checkbox"/>	CHILDREN (11/13 YEARS)
<input type="checkbox"/>	GROUP	<input type="checkbox"/>	JUNIORES (14/17 YEARS)
<input type="checkbox"/>		<input type="checkbox"/>	OPEN (FROM 18 YEARS UP)

2ND SECTION MODERN-CONTEMPORARY-JAZZ

(CHECK THE CORRESPONDING BOXES)

<input type="checkbox"/>	SOLOIST	<input type="checkbox"/>	BABY (7/10 YEARS)
<input type="checkbox"/>	PAS DE DEUX/DUO	<input type="checkbox"/>	CHILDREN (11/13 YEARS)
<input type="checkbox"/>	GROUP	<input type="checkbox"/>	JUNIORES (14/17 YEARS)
<input type="checkbox"/>		<input type="checkbox"/>	OPEN (FROM 18 YEARS UP)

3RD SECTION HIP HOP / URBAN DANCE

(CHECK THE CORRESPONDING BOXES)

<input type="checkbox"/>	SOLOIST	<input type="checkbox"/>	BABY (7/10 YEARS)
<input type="checkbox"/>	PAS DE DEUX/DUO	<input type="checkbox"/>	CHILDREN (11/13 YEARS)
<input type="checkbox"/>	GROUP	<input type="checkbox"/>	JUNIORES (14/17 YEARS)
<input type="checkbox"/>		<input type="checkbox"/>	OPEN (FROM 18 YEARS UP)

DANCERS:

NAME AND SURNAME	DATE OF BIRTH	NAME AND SURNAME	DATE OF BIRTH

TITLE CHOREOGRAPHY _____

TOTAL OF THE BANK TRANSFER € _____
(deduct 10% if enrolled in the Bolzano Danza Stage)

I declare that the data entered are all correct, that each dancer is in possession of a medical certificate of fitness for the practice of dance and is covered by insurance for accidents. I release the organizers from any liability deriving from damage suffered or caused by my members

ATTACHMENT:

- SINGLE RECEIPT OF PAYMENT (SEE REGULATION, BANKING DETAILS AND REASON)
- REGULATION SIGNED AND STAMPED
- REGISTRATION FORM FOR EACH SINGLE SIGNED AND STAMPED CHOREOGRAPHY
- DISCLAIMER OF MINORS
- DANCER DATA SHEET
- TICKET RESERVATION FORM
- Sending mp3 of the music files at the same time on bolzanodanzamp3@gmail.com

Date & Place

Signature and Stamp of
Legal Representative of the School of Dance.....

**N.B.: PLEASE REMEMBER THAT EACH DANCER WILL HAVE TO PAY THE CONTRIBUTION OF € 10 IN ADDITION TO THE REGISTRATION FEE (IF THE SCHOOL IS NOT REGISTERED WITH A SPORTS PROMOTION COMPANY)
IF THE DANCER PERFORMS MORE THAN ONE CHOREOGRAPHY, THIS FEE MUST BE PAID ONLY ONCE.**