

AUDITION REGISTRATION FORM

I, the undersigned.....

Parent / School Responsible (company name).....

Tax Code or VAT Number (required for payment receipt).....

Address..... City..... Zip Code.....

E-mail Phone Number.....

Requests the participation of:

Name.....Surname.....Born on.....Age.....

In the following Classes/Auditions:

Audition for a residency at the English National Ballet School in London with Viviana Durante

CLASS	DAY	TIME	LOCATION	X
from 15 to 18 years	05/31/2024	9.30am/11.00am	Coccia Theatre Stage	

To participate in the ENBS audition, it is necessary to take part in the pre-selection. For participation instructions, follow the guidelines on the website under the Masterclass and Auditions section.

Audition for the Joffrey Ballet School in New York with Attila Csiki

CLASS	DAY	TIME	LOCATION	X
from 13 to 17 years	01/06/2024	9.30am/11.30am	Coccia Theatre Stage	

To participate in the JBS audition, it is necessary to participate in the modern dance competition on June 1 or the contemporary dance competition on June 2. For participation instructions, follow the guidelines on the website.

Please mark with an X in the column the classes you wish to attend. Find the rates on the website www.dancexperience.it

Declaration of possession of medical certification:

I hereby declare to have, for each student, a medical certificate attesting to their suitability for the aforementioned physical activities (certificate of good health and robust constitution).

Signature.....

Consent to the processing of personal data:

I, the undersigned, consent to the processing of the personal data of each student for the fulfillment of all activities instrumental to the achievement of institutional purposes, including the dissemination (also through press and television) of information regarding the organized competitions and their outcomes. I also consent to the processing and publication, for institutional purposes only, of photographs and images revealing the identity of each student through the internet, magazines, and other publications.

Signature.....

Payment to be made by bank transfer to:

Dance Hall Association
 Baluardo Partigiani 2B - 28100 Novara
 IBAN: IT02 N 05034 10100 000000029916

In the payment reason, specify: Name and Surname of the student and "Audition NDE24".

Signature for Acceptance.....

Send the registration form to info@dancexperience.it

DANCE HALL

Domicilio Fiscale

Baluardo Partigiani, 2B - 28100 - Novara (NO) - Italia

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