

**CLASSICAL DANCE AND CHARACTER DANCE COMPETITION  
REGISTRATION FORM  
MAY 31, 2024**

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 to participate in the "Novara Dance Experience 2024" Competition**

Song title.....

Coreography title.....

Music by..... Duration.....

Coreography by..... Start of coreography:  on stage  off stage

**Category:**

- Solo Dance  8 to 11 years  12 to 13 years  14 to 16 years  17 years and above  
Classical
- Pas de deux  8 to 11 years  12 to 15 years  16 years and above  
Classical Dance
- Group Dance  8 to 11 years  12 to 15 years  16 years and above  
Classical
- Solo Character  8 to 13 years  14 to 17 years  18 years and above  
Dance
- Pas de deux  8 to 15 years  16 years and above  
Character Dance
- Group  8 to 13 years  14 to 17 years  18 years and above  
Character Dance

For fees, see Article 6 of the regulations.

**List of competition participants:**

- 1) Name..... Surname..... Born on..... Age.....
- 2) Name..... Surname..... Born on..... Age.....
- 3) Name..... Surname..... Born on..... Age.....
- 4) Name..... Surname..... Born on..... Age.....
- 5) Name..... Surname..... Born on..... Age.....

**DANCE HALL**

Domicilio Fiscale

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

C.F. 94076580037 P.IVA 02497050035

- 6) Name.....Surname.....Born on.....Age.....
- 7) Name.....Surname.....Born on.....Age.....
- 8) Name.....Surname.....Born on.....Age.....
- 9) Name.....Surname.....Born on.....Age.....
- 10) Name.....Surname.....Born on.....Age.....
- 11) Name.....Surname.....Born on.....Age.....
- 12) Name.....Surname.....Born on.....Age.....
- 13) Name.....Surname.....Born on.....Age.....
- 14) Name.....Surname.....Born on.....Age.....
- 15) Name.....Surname.....Born on.....Age.....

If more than 16, indicate the remaining on a separate sheet.

**Declaration of possession of medical certification:**

I, the undersigned, also declare to possess, for each student, a medical certificate attesting to suitability for the aforementioned physical activity (certificate of good health).

Signature.....

**Consent to the processing of personal data:**

I, the undersigned, consent to the processing of personal data of each student for the performance of all activities instrumental to the achievement of institutional purposes, including the dissemination (also through press and television) of information related to the organized competitions and their results. 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.....

**Acceptance of Regulations:**

I, the undersigned, declare to have reviewed and fully accept the regulations of "NDE 2024".

Signature.....