

**CONTEMPORARY DANCE COMPETITION
REGISTRATION FORM
JUNE 2, 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
Contemporary
- Duo Dance 8 to 11 years 12 to 15 years 16 years and above
Contemporary
- Group Dance 8 to 11 years 12 to 15 years 16 years and above
Contemporary

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.....
- 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.....