# MASTERCLASS 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 Masterclasses:**

### *Classical Ballet with Élisabeth Platel*

| CLASS | DAY | TIME | LOCATION | X |
|---|---|---|---|---|
| from 13 to 17 year | 05/31/2024 | 11.30am/1.00pm | Coccia Theatre Stage | |

### *Choreographic Workshop of Contemporary Dance with Mauro Astolfi*

| CLASS | DAY | TIME | LOCATION | X |
|---|---|---|---|---|
| General open level | 06/02/2024 | 9.30am/12.30pm | Coccia Theatre Stage | |

### *Modern Dance with Kledi Kadiu*

| CLASS | DAY | TIME | LOCATION | X |
|---|---|---|---|---|
| Intermediate | 06/07/2024 | 9.00am/10.30am | Coccia Theatre Stage | |
| Avanced | 06/07/2024 | 10.45am/12.15pm | Coccia Theatre Stage | |

### *Classical Ballet with Alessandra Celentano*

| LEZIONE | GIORNO | ORA | LUOGO | X |
|---|---|---|---|---|
| Intermediate | 06/06/2024 | 1.30pm/3.00pm | Coccia Theatre Stage | |
| Avanced | 06/06/2024 | 3.15pm/4.45pm | Coccia Theatre Stage | |

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 "Masterclass NDE24".

Send the registration form to info@dancexperience.it          Signature for Acceptance...…………………………..