

## 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 Elisabeth 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	

Please mark with an X in the column the classes you wish to attend. Find the rates on the website [www.dancexperience.it](http://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".

Signature for Acceptance.....

Send the registration form to [info@dancexperience.it](mailto:info@dancexperience.it)