

DOC 1

BY EMAIL + POST

REGISTRATION SCHOOL with acceptance of rules of CONCORSO PICCOLI TALENTI

a form for each school - fill in the fields and save the file with the NAME OF THE SCHOOL before sending

School's name

Address

telephon

V.A.T. ID.

e-mail

Name and Surname of legal representant

	SURNAME and Name	Date of birth
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	SURNAME and Name	Date of birth
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Name of group leader

mobile phone

By signing this form, I declare under my sole responsibility that all the data of the aforementioned dancers are accurate, that each of them is physically fit to practice dance certified by a doctor and that the related documentation can be exhibited on request. I release Areadanza from any responsibility regarding damages of any entity caused or suffered by my associates, assuming them in full.

ATTACHED BY POST:

- COPY OF MY ID/PASSPORT
- FOR EACH DANCER: Form 3
- RECEIPT OF PAYMENT with purpose: **name of the school - Piccoli Talenti**, made by bank transfer to the bank account BIC/SWIFT code: BAPPIT21T03 and IBAN: IT93R0503413903000000002249 of Cassa Risparmio Pisa Lucca and Livorno, in the name of Areadanza. The amount will not be refunded in any way for defections or waivers not attributable to the organization).

Date and place

Signature

Stamp _____