

DOC 1 - BY EMAIL + POST (signed and attached a copy of ID/passport)

Acceptance of the rules and registration SCHOOL to LIVORNO in DANZA 2024

(one form par each school - fill the camps and save with NAME OF THE SCHOOL, than send by email)

Dance School name	
address	
telephone	
CIF/VAT	
e-mail	
President/Director's name	
Date and place of birth	
address	

	SURNAME and Name	Date of birth		SURNAME and Name	Date of birth
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		

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TOTAL DANCERS		X 5 € =	
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By signing this form I declare, under my sole responsibility that:

- all the data of the aforementioned dancers are accurate;
- the dancers (if minors, parents or guardians), have granted the free use of personal data and images;
- each of the aforementioned dancers has full physical fitness for dance practice, certified by a doctor, and the related documentation - valid at the date of the event - is in the records of the dance school;
- I lift Areadanza s.s.d. from any liability with regard to physical or material damage of any extent, caused or suffered by the aforementioned dancers during the event, assuming myself all responsibility and risk of a civil and / or criminal nature.

ATTACHED BY EMAIL (without signature of the declarant) by the expiry date to info@livornoindanza.info:

- ANNEX SINGLE PAYMENT RECEIPT (Registration fees for the event + any other) with reason: name of the school - Livorno in Danza, made by bank transfer to the **BIC / SWIFT code: BAPPIT21T03 and IBAN: IT93R050341390300000002249** of the BPM 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 itself.

SEND BY POST (with signature of the declarant): by the expiry date to AREADANZA via Ferraris 4H, 57124 Livorno, ITALIA:

- ATTACHMENT PHOTOCOPY OF MY IDENTITY DOCUMENT

Date and place		Signature of filler	(only for the form sent by post)
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