

**DOC 1 – FILL WITH COMPUTER ONLY – THEN SEND BY EMAIL (with a copy of ID/passport)**

**Acceptance of the rules and registration SCHOOL to LIVORNO in DANZA 2025**

(one form per each school - fill the camps, signature and stamp, than SCAN and 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 OF DANCER(S)	* date of birth	* VAT/CIF/Tax number
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By signing this form, I declare, under my sole responsibility, that:

- all information about the above-mentioned dancers is accurate;
- the dancers (if minors, their parents or guardians) have granted Areadanza s.s.d. the free use of their personal data and images, and this authorization is on file in our office;
- each of the above-mentioned dancers is fully medically fit to dance, certified by a doctor, and the relevant documentation—valid on the date of the event—is on file with the dance school;
- I release Areadanza s.s.d. from any liability for physical or material damage of any kind caused or suffered by the above-mentioned dancers during the event, assuming all civil and/or criminal liability and risk.

**FORMS SIGNED BY HAND OR PARTIALLY COMPLETED WILL NOT BE ACCEPTED.**

TOTAL DANCERS		X 5 € =	
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**ATTACHED BY EMAIL** by the expiry date to [info@livornoindanza.info](mailto: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: IT93R0503413903000000002249** 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.
- PHOTOCOPY OF MY IDENTITY DOCUMENT

Date and place	
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**After completing the form, SAVE AS – file name: DANCE SCHOOL NAME and send it by email.**