



SOLOCOREOGRAFICO YOUTH – Workshops and Selection LYON 2024

REGISTRATION FORM

Fill in and send by e-mail with the documents required in the regulations attached to:
solocoreografico@gmail.com

Name, Surname (dancer) _____
Tax code _____
Place, date of birth _____
Address _____
Country _____
Email _____
Mobile _____

Name, Surname (choreographer) _____
Tax code _____
Place, date of birth _____
Address _____
Country _____
Email _____
Mobile _____

Title of the choreography _____
Duration choreography _____
Titel of the music _____
Music Composer _____
Duration music _____
(Please attach the music file via email)

Data for the invoice (mandatory)

Name, Surname _____
Tax code _____
Place, date of birth _____
Address _____
Country _____
Email _____
Mobile _____

Signature of the dancer

Place, date _____

Signature of the choreographer

Place, date _____

Only for minors

I, the undersigned as parent / guardian of a minor, I authorize the participation in the activities within the SOLOCOREOGRAFICO Solo Dance Festival - YOUTH relieving the organization of any responsibility.

Identity document number of the minor's parent or guardian _____

Signature of the parent or guardian of the minor / carer

Place, date _____