

**SOLOCOREOGRAFICO YOUTH 2026
- Frankfurt -
REGISTRATION FORM**

Fill in and send by e-mail together with the documents required (read in the [conditions](#)) to:
solocoreografico@gmail.com

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

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

Title of the choreography _____
Duration choreography _____
Title of the music _____
Music Composer _____
Duration music _____

(Please attach the music file via email)

I wish to participate in the following SOLOCOREOGRAFICO YOUTH edition:

- **Frankfurt** edition 24, 25 October 2026 (deadline 18 October)
 - I want to participate to the **full program**
 - I want to participate only in Nr. ____ **workshops**

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 _____

For further communications and information, email to: solocoreografico@gmail.com