

ATTACHMENT D

REGISTRATION FORM FOR THE PREMIO ROMA DANZA CAPITALE 2024 MUNICIPALITY OF ROME

Family name _____ Given name(s) _____

Resident in _____

Street address _____,

Born in _____ on (date) _____

Tax code _____

E-mail: _____ Telephone no. _____

Videodance Section

Category Dance Movie

SmARTphone Dance

I declare to be a student at:

the Accademia Nazionale di Danza

a dance high school affiliated with the Accademia Nazionale di Danza

an Erasmus Plus Partner of the Accademia Nazionale di Danza

None of the above

Indicate the Title of the Video Work Presented:

Brief synopsis of the Video:

Author:

Duration:

Vimeo video Link:

Password:

Additional Notes:

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N.B.: By signing the present registration form, I DECLARE to have read the Rules and Regulations, an integral part of the Public Announcement relative to the Competition called the “Premio Roma Danza Capitale 2024 XXII Edition – Municipality of Rome” and that I accept the conditions as laid out therein. I authorise the handling of my personal data for the exclusive use regarding the procedures necessary for the execution of the “Premio Roma Danza Capitale 2024 XXII Edition”.

Attach a photocopy of your valid identification document.

Date _____

Full signature _____