

REGISTRATION FORM

Please send this form by email to kontakt@idc-dance.com latest February 4, 2024

PARTICIPANT:

Surname, Name : _____

Date of Birth: _____ Telephone: _____

Email: _____ Age at Date of Participation: _____

I would like to participate in the following masterclasses:

Saturday March 2, 2024 Ballet Intermediate ___ Ballet Advanced ___ Contemporary Beginner ___
Contemporary Intermediate ___ Lyrical/ Jazz Beginner/ Intermediate ___

Sunday March 3, 2024 Ballet Int/ Advanced ___ Contemporary Int/ Advanced ___

Further information regarding the masterclasses such as date, time, location and teacher will be made available on our website.

SCHOOL:

Name of School: _____

Address: _____

Phone: _____

E-mail: _____

Director of School: _____

REGISTRATION AGREEMENT

By registering for the event, the participant accepts all the rules of this event. Personal Data given will be used solely by the competition organisers for the use of the competition.

Data will not be shared with any further parties. Photos and Videos may be taken of the participants during the duration of the competition as well as masterclasses, which may be used as marketing for future International Dance Competition promotion material.

Participant has a valid health insurance at the time of the competition.

.....
Participant's signature
(for minors, signature of legal guardian)

.....
Place and Date