

APPLICATION FORM - Single and Groups

First name - last name (for single) Title of the school or group

address zip code city state

e-mail phone number

First name and last name of the teacher or group leader phone number email

STUDENTS AND OBSERVERS LIST please sign your WEEK (1) - WEEK (2) - WEEK (3) - WEEK (4)

N°	First name	Last name	Please write the teacher/class/level of your preferite workshop and cor. workshop	deposit
1				€
2				€
3				€
4				€
5				€
6				€
7				€
8				€
9				€
10				€
11				€
12				€

Please write to us the date , place and arrival time :

PLEASE SEND BY Fax 0039.0965.999931 or by e-mail : info@broadwayatropea.com the following documents :

1 . Application Form 2. Schedule accommodation/booking form 3. Copy receipt of deposit payment

With this application form I become temporary member of Calabria Arte Cultural Association of Reggio Calabria - Italy to participate at Broadway a Tropea - Villaggio La Pace Club – Tropea (Italy) from 5th of July till 2nd August 2008. By fulfilling and signing the present I give the permission to use my personal data according to the Code of Privacy (D. L . n° 196 del 30/06/2003).

Stamp of the School

Date

SIGNATURE (single / teacher or group leader)

SCHEDULE ACCOMODATION – booking form

(to be attached at the Application Form)

School / groupleader		phones		week	
Apartament	First and last name students/observers	Apartament	First and last name students/observers		
BILO 2	1	BILO 5	1		
	2		2		
BILO 2	1		3		
	2		4		
BILO 3	1		5		
	2	1			
	3	2			
BILO 3	1	BILO 5	3		
	2		4		
	3		5		
BILO 4	1		BILO 6	1	
	2			2	
	3	3			
	4	4			
BILO 4	1	5			
	2	6			
	3	1			
	4	2			
BILO 4	1	BILO 6	3		
	2		4		
	3		5		
	4		6		

BROADWAY A TROPEA

international dance workshop

Village LA PACE Club - Drapia - Tropea (VV) 5th July - 2nd August 2008

SELF - CERTIFICATION OF STATE OF HEALTH PERMISSION TO PARTICIPATE AND RIGHT OF PRIVACY

(signed by parents of underage dancers)

Mr./Mrs. _____ Phone _____

Parent/Tutor of the underage _____

Born at _____ on _____

Living in _____ Street N° _____

Zip code _____ Town _____ Country _____

AUTHORIZE

my son/daughter to participate at the event called "Broadway a Tropea" International Dance Workshop, taking place at the Village LA PACE club - Tropea (VV) from 5th of July to the 2nd of August 2008, disclaiming the organization for any responsibility in participation, staying, and custody of the underage. I accept that the organization make videos and pictures from my child and use them to promote the event.

DECLARE

To be aware of the recreational and playful activities, and of the physical activities my child will practise during the event called "Broadway at Tropea" International Dance Workshop, taking place at the Village LA PACE club -Tropea (VV) from 5 th July to 2nd August 2008, and declare furthermore, under my responsibility and being aware of the legal consequences for false declaration according to the law, that my child was visited by a doctor during the last 12 month before the event, declaring that he/she is in good physical condition, without any contraindication to practise dancing, physical not- agonistics activities.

I declare to know the general conditions for taking part and accept them.

By fulfilling and signing the present I give the permission to use my personal data according to the Code of Privacy (D. L . n° 196 del 30/06/2003).

Date _____

Signature _____

BROADWAY A TROPEA

international dance workshop

Village LA PACE Club - Drapia - Tropea (VV) 5th July - 2nd August 2008

SELF - CERTIFICATION OF STATE OF HEALTH – RIGHT OF PRIVACY

Mr./Mrs. _____

Born at _____ on _____

Living in _____ Street N° _____

Zip code _____ Town _____ Country _____

AUTHORIZE

The organization to make videos and picture and use them to promote the event.

DECLARE

To be aware of the recreational and playful activities, and of the physical activities I will practise during the event called "Broadway at Tropea" International Dance Workshop, taking place at the Village LA PACE club -Tropea (VV) from 5 th July to 2nd August 2008, and declare furthermore, under my responsibility and being aware of the legal consequences for false declaration according to the law, that I was visited by a doctor during the last 12 month before the event, declaring that I am in good physical condition, without any contraindication to practise dancing, physical not- agonistics activities .

I declare to know the general condition for taking part and accept them.

By fulfilling and signing the present I give the permission to use my personal data according to the Code of Privacy (D. L . n° 196 del 30/06/2003).

Date _____ Signature _____