OPUSBALLET
direzione artistica ROSANNA BROCANELLO e DANIEL TINAZZI

DANZAFIRENZE 2026
25th International Competition for Dancers, Choreographers and Dance Schools

OFFICIAL APPLICATION FORM

Category: SOLOIST
(To be completed in BLOCK LETTERS – all fields are mandatory)
Registration number (reserved for the organization): _____

1. PARTICIPANT PERSONAL DETAILS
Surname and Name: _____
Place of birth: _____
Date of birth: _____
Tax Code: _____
Street/Square: _____ No. _____
City: _____
Postal Code: _____
Province: _____
Phone: _____
Email: _____

2. SPORTS MEMBERSHIP
Sports promotion body:
☐ OPES
☐ Other _____
Membership number: _____

3. DANCE SCHOOL
School name: _____
School address: _____
City: _____
School email: _____
School phone: _____

4. CONTACT PERSON / TEACHER

Full name: _____
Phone: _____
Email: _____

5. CHOREOGRAPHY DETAILS

Choreographic style:
☐ Classical / Neoclassical / Character
☐ Modern / Contemporary
Age category:
☐ Baby
☐ Students
☐ Juniors
☐ Seniors
Choreography title: _____
Choreographer: _____
Music title: _____
Composer / Artist: _____
Choreography duration: _____ minutes _____ seconds
(Maximum duration allowed according to regulations)

6. MUSIC

The music file must be sent in advance via email to:
danzafirenze@opusballet.it
On the day of the competition, each participant must also bring a copy of the music track on a USB drive.
Allowed format: MP3
Music file name format: **CHOREOGRAPHY TITLE + DANCE SCHOOL NAME**

7. PAYMENT

Registration fee: €15.00
Competition balance: € _____
Discount applied: _____ %
Final balance: € _____

Payment method:
☐ Bank transfer
☐ Cash

8. REQUIRED ATTACHMENTS
(To be sent to the organization and also presented on the day of the competition)
☐ Copy of ID document
☐ Copy of tax code
☐ Copy of OPES membership card
☐ Valid sports medical certificate
☐ Payment receipt
☐ Music file (MP3)

9. EMERGENCY CONTACT
Full name: _____
Phone: _____
Relationship to participant: _____

DECLARATIONS AND CONSENTS
ACCEPTANCE OF THE REGULATIONS

I declare that I have read and fully accept the regulations of the DANZAFIRENZE 2026 competition.
PHOTO AND VIDEO RELEASE

I authorize the organization to take photographs and audio/video recordings during rehearsals, performances, backstage, and award ceremonies for promotional, artistic, and informational purposes.

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MEDICAL CERTIFICATE DECLARATION

I declare that the participant holds a valid sports fitness medical certificate. The original certificate must be presented on the day of the competition before access to rehearsals or performance.

LIABILITY DECLARATION

I acknowledge the risks related to physical activity and release the organization from liability not attributable to organizational negligence.

PRIVACY NOTICE

Personal data will be processed in compliance with EU Regulation 2016/679 (GDPR) exclusively for purposes related to the management of the competition.

SIGNATURES

Place and date: _____

Participant's signature: _____

IF MINOR

Parent/guardian signature: _____

Parent/guardian full name (in block letters): _____