OPUSBALLET
direzione artistica ROSANNA BROCANELLO e DANIEL TINAZZI

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

CATEGORY: GROUPS
(Please complete in block letters – all fields are mandatory)
Registration number (reserved for the organization):

1. GROUP DETAILS
Group name:

Total number of participants: _____
Age category
□ Baby
□ Children
□ Juniors
□ Seniors

2. DANCE SCHOOL
School name:_____
School address:_____
City: _____
School email: _____
School phone number: _____

3. CONTACT PERSON / RESPONSIBLE TEACHER
Full name:_____
Contact phone number: _____
Contact email: _____

4. CHOREOGRAPHY DETAILS

Choreographic style

□ Classical / Neoclassical / Character
□ Modern / Contemporary

Choreography title:

_____

Choreographer:

_____

Music title:

_____

Composer / Artist:

_____

Choreography duration: _____ minutes _____ seconds
(Maximum duration allowed according to regulations)

5. MUSIC

The music file must be sent in advance via email to the organization at: danzafirenze@opusballet.it
On the day of the competition, the contact person must also bring a copy of the music track on a USB stick.
Accepted format: MP3
Music file name:
CHOREOGRAPHY TITLE + DANCE SCHOOL NAME

6. PAYMENT

Registration fee: €15.00
Competition balance: € _____
Discount applied: _____ %
Final balance: € _____
Payment method
□ Bank transfer
□ Cash

7. REQUIRED ATTACHMENTS

(to be sent to the organization and also presented on the day of the competition)

- Copy of identity document for all participants
- Copy of tax code
- Copy of OPES membership card
- Valid medical sports certificate
- Receipt of registration payment
- Music file (MP3)

8. EMERGENCY CONTACT

Full name:_____
Phone number: _____
Relationship to the group: _____

RELEASES AND DECLARATIONS

ACCEPTANCE OF REGULATIONS

I, the undersigned, declare that I have read and fully accept the regulations of the DANZAFIRENZE 2026 competition.

IMAGE AND VIDEO RELEASE

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

MEDICAL CERTIFICATE DECLARATION

I, the undersigned, declare that all participants hold a valid medical certificate for sports fitness.

LIABILITY DECLARATION

I, the undersigned, declare that I am aware of the risks related to physical activity and release the organization from liability not attributable to organizational negligence.

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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.

SIGNATURE OF CONTACT PERSON / TEACHER

Place and date: _____

Signature of contact person / teacher: _____

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PARTICIPANTS LIST

N°	COGNOME E NOME	DATE OF BIRTH	PHONE	EMAIL	PARTICIPANT/PARENT SIGNATURE (IF MINOR)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

(If necessary, attach additional sheets with the same format.)