OPUSBALLET
direzione artistica ROSANNA BROCANELLO e DANIEL TINAZZI

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

Category: □ DUO □ TRIO
(Fill in block letters – all fields are mandatory)
Registration number (reserved for the organization):
_____

1. PARTICIPANTS' PERSONAL DETAILS
1st PERFORMER
Surname and Name:
_____
Place of birth: _____
Date of birth: _____
Tax Code: _____
Street/Square: _____ No. _____
City: _____
ZIP Code _____
Province _____
Phone: _____
E-mail: _____

2nd PERFORMER
Surname and Name:
_____
Place of birth: _____
Date of birth: _____
Tax Code: _____
Street/Square: _____ No. _____
City: _____
ZIP Code _____
Province _____

Phone: _____
E-mail: _____

3rd PERFORMER (for TRIO only)
Surname and Name:

_____
Place of birth: _____
Date of birth: _____
Tax Code: _____
Street/Square: _____ No. _____
City: _____
ZIP Code _____
Province _____
Phone: _____
E-mail: _____

2. SPORTS MEMBERSHIP
Sports promotion organization
□ 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 as per regulations)

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6. MUSIC
The music file must be sent in advance via email to the organization at:
✉ danzafirenze@opusballet.it
On the day of the competition, each participant must also bring a copy of the track on a USB drive.
Allowed format: MP3
Music file name:
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 of all participants
□ Copy of tax code
□ Copy of OPES membership card
□ Valid medical sports certificate
□ Payment receipt
□ Music file (MP3)

9. EMERGENCY CONTACT
Full name: _____
Phone:
_____
Relationship to one of the participants:
_____

WAIVERS AND DECLARATIONS
ACCEPTANCE OF REGULATIONS
The undersigned declares to have read and fully accepted the rules of the DANZAFIRENZE 2026 competition.

IMAGE AND VIDEO RELEASE
The undersigned authorizes 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
The undersigned declares that all participants hold a valid sports medical certificate. The certificate must be presented in original copy on the day of the competition before access to rehearsals or performances.

LIABILITY DECLARATION
The undersigned acknowledges the risks related to physical activity and releases the organization from liability not attributable to organizational negligence.

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

SIGNATURES
Place and date:
_____
Signature participant 1:
_____
Signature participant 2:
_____
Signature participant 3 (for TRIO only): _____

PARENT / GUARDIAN SIGNATURES (IF MINORS)
Parent / Guardian of 1st performer
Signature:
_____
Full name: _____
Tax code: _____
Phone:
_____

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Parent / Guardian of 2nd performer
Signature:

_____

Full name: _____

Tax code: _____

Phone:

_____

Parent / Guardian of 3rd performer (for TRIO only)
Signature:

_____

Full name: _____

Tax code: _____

Phone:

_____