

ARTISTIC RESIDENCE 2018 ASS. GAMMAZITA

DOMANDA DI PARTECIPAZIONE

NAME* _____

SURNAME* _____

TEAM NAME (if it exists)

DATE AND PLACE OF BIRTH* _____

NATIONALITY _____

ADDRESS* _____

CITY _____

NATION _____

E-MAIL* _____

PHONE NUMBER* _____

PROJECT NAME* _____

*Dati obbligatori

“In compliance with the Italian legislative Decree no. 196 dated 30/06/2003, I hereby authorize you to use and process my personal details contained in this document.”

PLACE AND DATE _____ SIGNATURE _____