

1st International Violin Making Competition

Andrea Postacchini - Alessandro Riccucci

PARTICIPATION FORM

to the Cultural Centre Antiqua Marca Firmana - Appointed Secretary

Surname _____ First Name _____

Resident in _____ Postal Code _____

Street _____ No _____ Country _____

Place of Business _____

Tel _____ Fax _____ Cell _____

E-mail _____

(only for competitors of the “Professionals” category)

VAT Number or Chamber of Commerce Registration Number _____

REQUESTS

To participate in the 1st International Violin Making Competition “Postacchini-Riccucci” with the following instruments:

violin **no.** _____

viola **no.** _____

cello **no.** _____

double bass **no.** _____

▪ *I declare to have read the transmitted Regulations and accepts them in full without reservation and by express acceptance of articles 17 and 18 of the Competition Regulations.*

I also declare to be in the conditions established for the participation of the Competition.

Legible signature: _____

▪ *I, the undersigned, _____ after having read the information on privacy policy CONSENT to the processing of my personal data in the manner and for the purposes described in the information.*

Legible signature: _____

**To be sent to the Competition Secretariat no later Than April 30th, 2019 by email:
ConcorsoInternazionaleLiuteria@gmail.com**