



Associazione
Livornoclassica

APPLICATION FORM LPC 2025 / Associazione Livornoclassica

Surname_____ First name_____

Place of birth_____ Date_____ / _____ / _____

Address_____ Postal/ Zip Code _____

City_____ Country_____

Phone_____ E-mail_____

The undersigned asks to apply for admission as "LIVORNOCLASSICA associato ordinario 2025" and participation at:

LIVORNO PIANO COMPETITION 2025

The undersigned accepts the conditions of the competition as specified and gives consent to treatment of personal data according to art. 13 and 14 of GDPR – Rulement UE 2016/679 about privacy.

Date_____

Signature (Parental signature in case of minor, as agreement with the request to be associated at Livornoclassica for 2025)
