



Associazione
Livorno**classica**

APPLICATION FORM *Young LPC - PREMIO GALLETTA 2025*

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:

YOUNG LPC 2025 Premio ENRICO GALLETTA Cat. B

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 – Rulment UE 2016/679 about privacy.

Date_____

Signature _____