



CAMERA NAZIONALE
GIOVANI FASHION DESIGNER

**PARTICIPATION FORM
(TO BE COMPLETED ONLY IN BLOCK LETTERS)**

Surname _____ Name _____

Gender: M F

Date of birth: _____

Place of birth: _____ Nationality: _____

Residence: Via: _____ N. _____ CAP: _____

City : _____ Province: _____ State: _____

Tel: _____

E-mail: (in block letters) _____

The undersigned asks to be enrolled in the contest "NEW GENERATIONS".
I declare that I have read and accept the regulations contained in this notice and I authorize the processing of my personal data. I also declare that what I submitted is original work of which I guarantee full availability and I undertake to cede to the National Chamber of Young Fashion Designers the right to use the project material I delivered for communications and publications related to the promotion or documentation of the competition or any other events or subsequent events.

PLACE AND DATE

SIGNATURE

* I the undersigned, _____, as the parent of the participant _____ I authorize my/a child/a participate in the contest Fashion Movie 2023. I also declare that I have been made aware of the procedures for carrying out this initiative.

SIGNATURE (BY ONE OF THE PARENTS OR OF THE PERSON WHO IS ACTING ON THEIR BEHALF)

*** Only for competitors who had not reached the age of majority at the date of dispatch of the application**