

## SINGING MASTERCLASS WITH PATRIZIA CIOFI

### Application form

Blank spaces marked with \* must be filled.

*Surname\**

*Name\**

*Birth date\* (DD/MM/YY) / /*

*Place of birth\**

*Address\**

*Citizenship\**

*Telephone number\* (+ )*

*E-mail address\**

**The Undersigned identified as a subject involved in the processing of personal data pursuant to Article 3 of the EU Reg. 2016/679 DECLARES:**

to have received from the Data Controller Associazione “Amici della Musica di Livorno”, Via Calzabigi, 74 – 57125 Livorno (Italia) the information ex artt 13-14 reg EU 2016/679, concerning the processing of personal data for the purposes indicated in the informative note traditional methods of contact (eg of calls with operator, postage) and of automated methods (eg SMS, email, etc.), for the purposes expressed in the information (available on the website of the Festival <https://www.livornomusicfestival.com/livorno/privacy/>).

*Signed\**

**Attach to this Form:**

- Curriculum vitae;
- A short single-take video, with good audio quality, containing the performance of an aria of your choice, provided via a YouTube link, Google Drive, or Dropbox.