



Associazione
Livornoclassica

APPLICATION FORM LIVORNO PIANO COMPETITION 2026

Surname _____ First name _____

Place of birth _____ Date _____ / _____ / _____

Address _____ Postal/ Zip Code _____

City _____ Country _____

Phone _____ E-mail _____

The undersigned asks to apply for participation at:

LIVORNO PIANO COMPETITION 2026

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)
