

**APPLICATION FORM FOR DISABLED PEOPLE**

**(the application is mandatory but does not guarantee access to the Show if not confirmed by the**

**Event Promoter, until the termination of the number of places available)**

The undersigned ..................................................born at ..................................................................................

on ................... Disability Certificate N°. ....................... dated ...........................................................................

(phone number and e-mail address to which address any communication concerning the present application) ………………………………………………………………………………………………………………………………………………….. ............................................................................................................................................................................

**[ ] complete physical mobility\* [ ] reduced physical mobility\*\* [ ] on a wheelchair\*\*\***

*(cross as needed)*

*\* complete physical mobility = no problem in standing / walking / climbing stairs*

*\*\* reduced physical mobility = difficulty in walking / climbing stairs independently*

*\*\*\* on a wheelchair = need for a wheelchair / walker because unable to move independently even for short distances*

*PLEASE REPORT ANY SPECIAL SITUATIONS NOT INDICATED IN THE LIST ABOVE*

**ASKS**

to be admitted participating to the Show of the Artist ....................................................................................

which will be held on ................................................., at ……….……………...........................................................

in …….................................................................................. with expected beginning at ………………… accepting without reservation, the Terms and Conditions set forth on site [www.dalessandroegalli.com](http://www.dalessandroegalli.com), the procedures arranged by the Event Promoter for the access to the venue of the Show and the seats that will be assigned to my caregiver and myself.

**I enclose proof of my eligibility and the level of disability assigned.**

By signing this form, the undersigned declares he/she has read the information regarding art. 13 Reg. Europeo 679/2016 on page <http://www.dalessandroegalli.com/site/privacydisab>lepeople and that he/she gives his/her own permission to the processing of his/her personal data, even particular ones, ex art. 9 GDPR to allow a better and easier participation to the aforesaid Event.

**Read and agreed □**

*(cross as needed)*

**Signature**

(in case on minors, signature will have to be put by those exercising the power, specifying the role and the name)

.......................................................................................

**Date** ............................

**PLEASE SEND THIS FORM, FILLED IN EACH PART, TO**

[**INFO@DALESSANDROEGALLI.COM**](mailto:INFO@DALESSANDROEGALLI.COM)

(To participate in the event, it is necessary to wait for confirmation from the organizer and the related ticket booking procedures)