

Declaration of participation in Young Malta Festival 2016

Name of school / educational organisation			
General information about a participant	1	Names and surnames of teachers / drama instructors	
	2	Function at work	
Contact details of a school / educational organisation	3	Street	
	4	No	
	5	City	
	6	Country	
	7	Postal code	
	8	Phone number	
	9	Email address	
Contact details of teachers / drama instructors	10	Email address Phone number	

The statement of the head teacher of the school

1. I declare the participation of the drama group _____,
which represents _____ in the Inetrational Young Malta Festival 2016.
2. I state that all the data filled in the declaration of participation are truthful.
3. I hereby agree for processing my school data for the purpose of Young Malta Festival 2016.
4. I declare that the drama group _____,
which represents _____ meets all the requirements stated
in the Rules and Regulations of Young Malta Festival 2016.

Date and signature of the head teacher

School's stamp

Consent to processing personal data

Name of the participant : _____

Date: _____

Signature: _____

I hereby give consent for my personal data to be processed for the purposes of promotion measures of Young Malta Festival 2016.