

13th World Deaf Magician Festival- Cattolica, Italy
23 - 30 May 2010

Final Registration/ Entry Form for Magicians /Assistant (Participant)

PLEASE PRINT:

Surname/ First Name: _____

Family Name: _____

Address: _____

City: _____ State/Province: _____

Postal Number: _____ Country: _____

Date of Birth: _____

E-Mail address: _____ FAX: _____

Please check:

Junior (Age 7 to 17) Adult (Age 18 to 54) Merlin (Over Age 55)

Magician Participates:

I will not attend but I want to maintain my membership of the Society of World Deaf Magician for 2010 to 2012.....US \$35.00

I will attend and participate in the contest..... UE € 350.00

Stage Magic

Merlin Stage Magic

Close-Up [Micro-Magic]

Children Stage Magic

Comedy Magic

Woman Stage Magic

Illusion Magic

Number of Deaf Assistants for your show: _____

I will need the following for my magic show:

Check: [] Number of table _____

[] Number of chair _____

- I wish to take part of the 13th World Deaf Magicians Festival in Cattolica, Italy and accept the conditions of participation.

Signature: _____ Date: _____

Please Make and send a copy of this form to Andrew Truffa, Chairperson/President

BEFORE 1 MARCH 2010, NO LATER THAN THIS DATE, PLEASE:

E- Mail to magicandrew@alice.it or Fax to +39 0722 330921 or Postal Mail to the
Chairperson/ President 13th WDMF Organizing Committee:

Andrea Truffa
Via Ada Negri, 6
I - 61033 Fermignano (PU)