

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

Final Registration/ Entry Form for Tourist

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)

Tourist:

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 UE € 450.00

- 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 Andrea 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)