

TWO DRAGONS MAGIC CUP

FISM Qualified Contest (FQC)

Magic competition organized by Centre de Magie de la Côte

Enrolment Form - 2023

First name : _____

Last name : _____

Date of birth : _____

Place of birth : _____ Country of origin : _____

Address : _____

Country : _____

E-mail : _____

Website : _____

Phone : _____

Stage name : _____

Awards :

_____ Year : _____

_____ Year : _____

_____ Year : _____

Name of the FISM Magic society that you represent :



Are you recommended by an artist ? Yes No

If yes, please indicate his or her name : _____

Participation to the casting ? by video in our Magic Center in Nyon

How did you hear about the competition ? : _____

About your Magic Act

Name of the act : _____

Small description of your act : _____

Category : Stage Parlor Close-up/table hopping

Other, please explain : _____

Length of your act (10 minutes maximum) : _____

Technical notes : _____



Clearance

I declare with this document to be the author of the act that I perform at « Coupe des deux Dragons » FISM Qualified Competition in Nyon, Switzerland and to be the owner of the intellectual and performance rights.

I authorize « Centre de Magie de la Côte » Society and FISM to record my act during the Competition without any fee.

I authorize « Centre de Magie de la Côte » Society and FISM to broadcast the whole, partly or modified act recorded (I renounce any right that I may have to inspect and approve the finished product) to use it to produce promotional videos.

I declare nothing to claim regarding above.

Moreover according to GDPR (General Data Protection Rules), I certify to be totally informed about the aims on data management.

First name and Last name (parental authority for minors):

Date and signature (parental authority for minors) :

Please indicate First Name, Last name “read and approved” and handwritten signature

